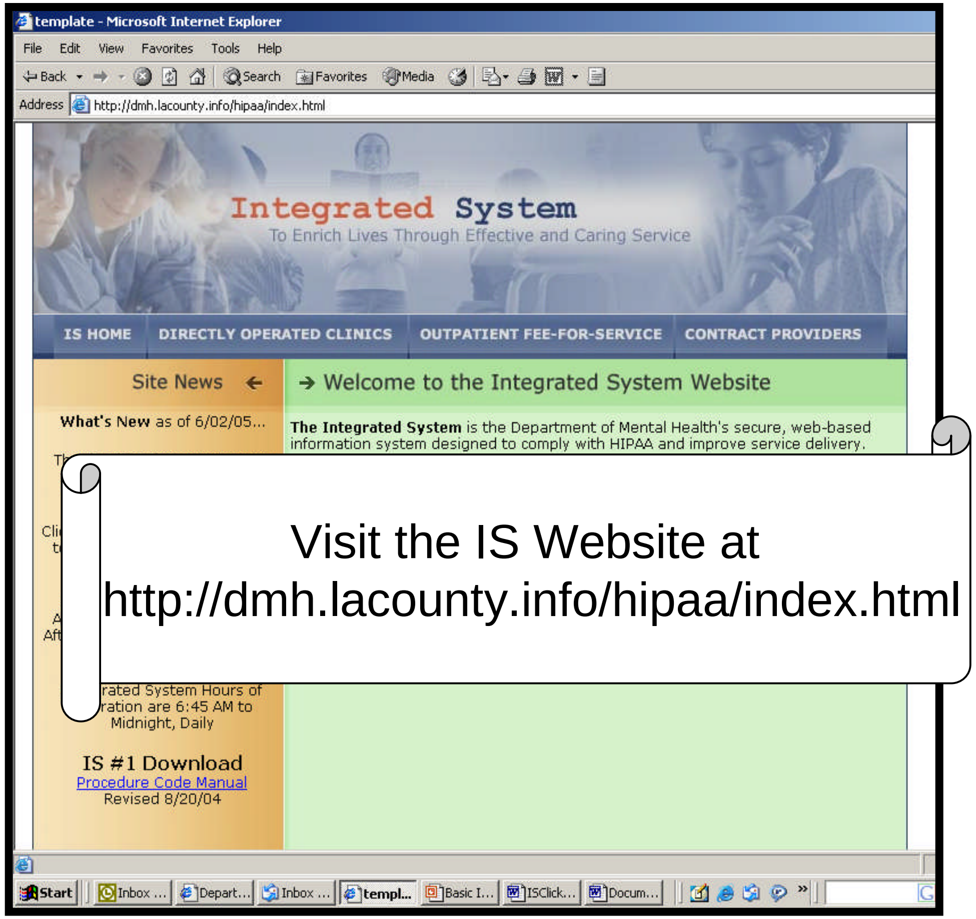
# Basic Integrated System (IS) Training

### Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



# Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan and Payer (s)
11. Void and Replace a Claim
12. Close an Open Episode: Discharge and Diagnosis Screens

# Use Keyboard Shortcuts! Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

# EXERCISE 1

## Log In:

- As a DMH Employee: https://dmhisintra.co.la.ca.us
- As a DMH Contracted Provider: http://dmh.lacounty.info/hippa/index.html
- The Home Page
- How to Set Provider Context

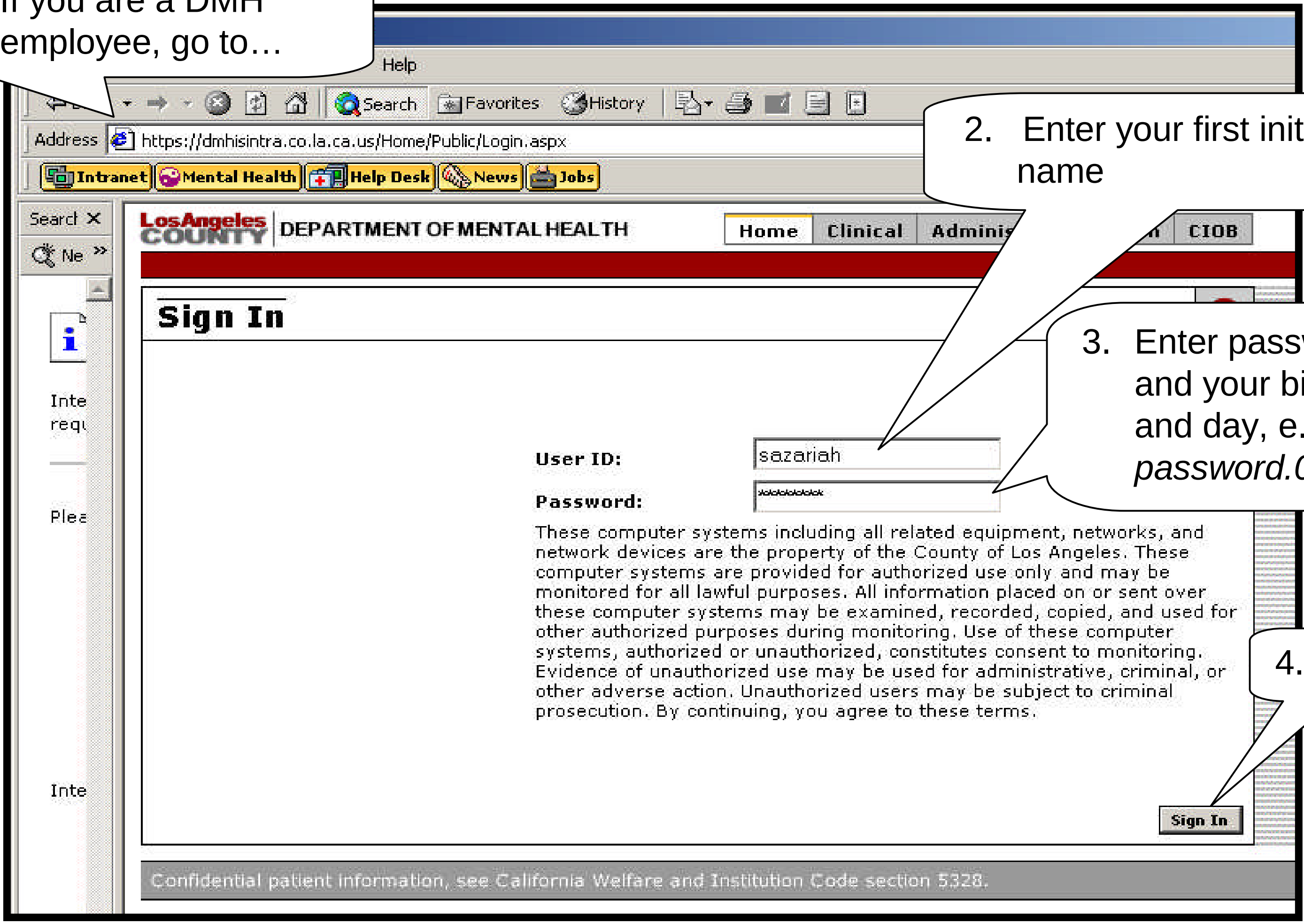
**Note:**

• If you are a first time user, you will be asked to change your password.

• You will then be prompted to a privacy policy statement. Click accept to proceed.

# Log In – DMH Workers

1. If you are a DMH employee, go to…

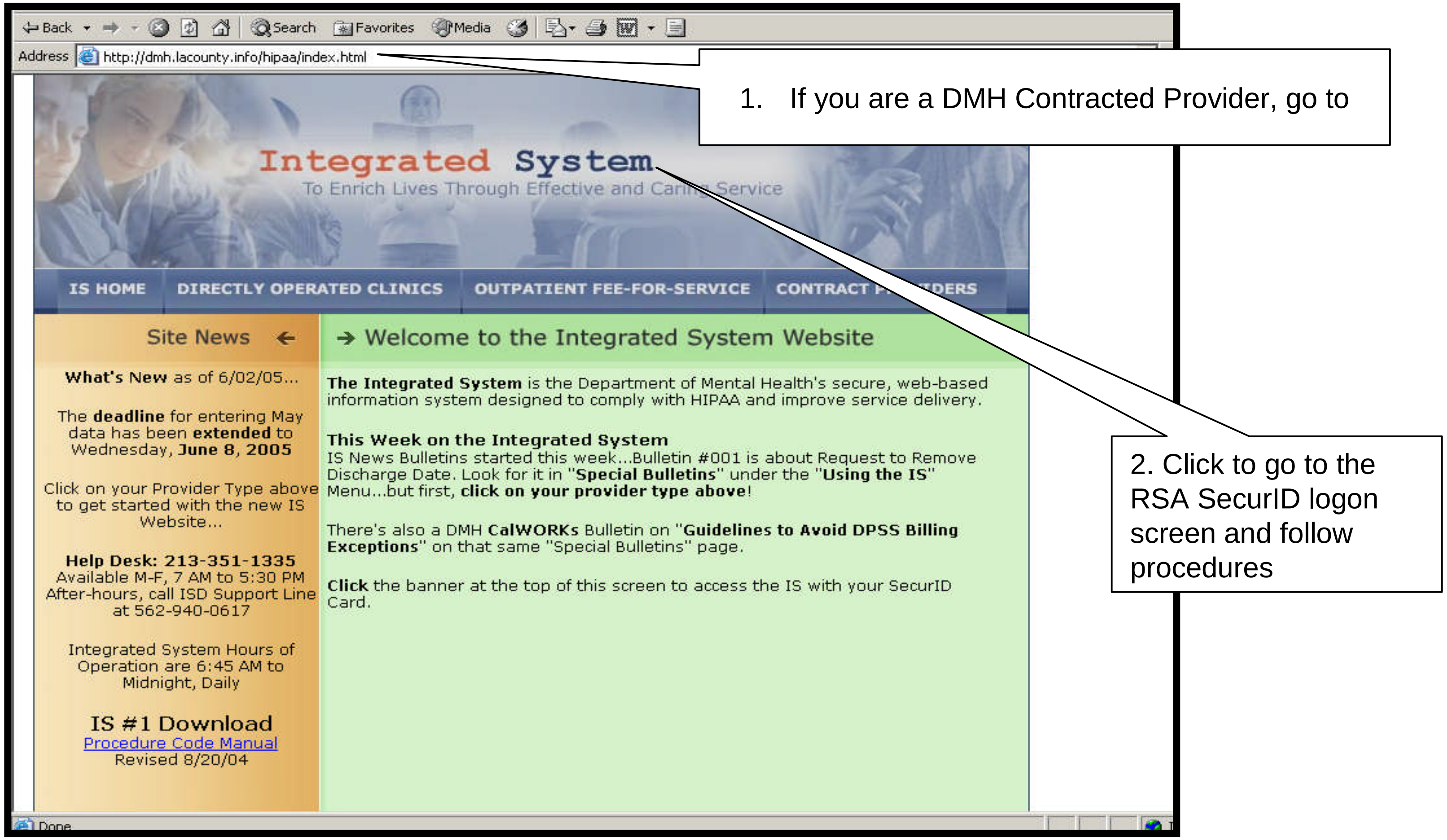



2. Enter your first initial and last name

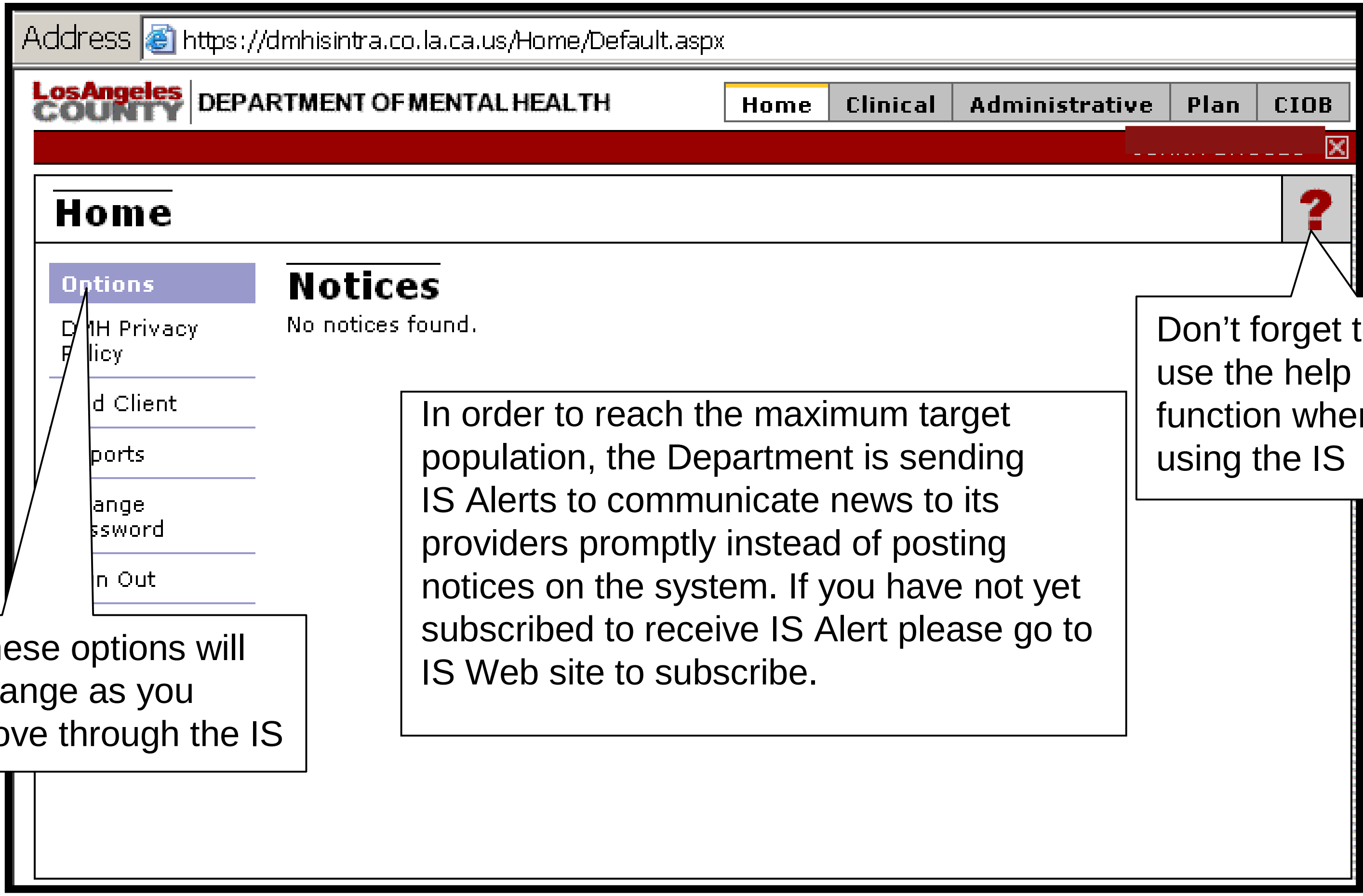
3. Enter password, dot, and your birth month and day, e.g. *password.0104*

4. Click

# Log In with a SecurID Card



# The Home Screen

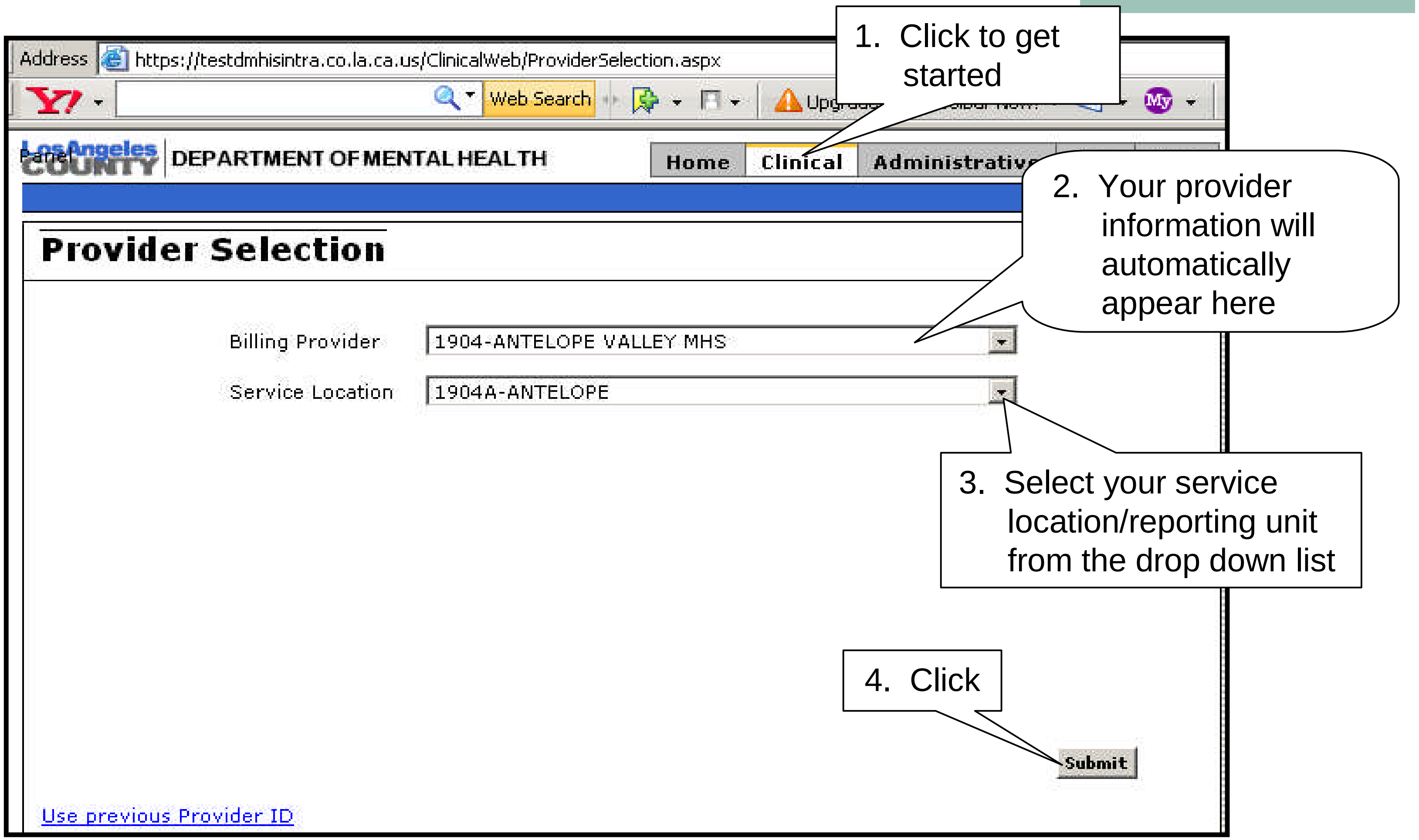



Don't forget to use the help function when using the IS

In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe.

These options will change as you move through the IS

# How to Set Provider Context

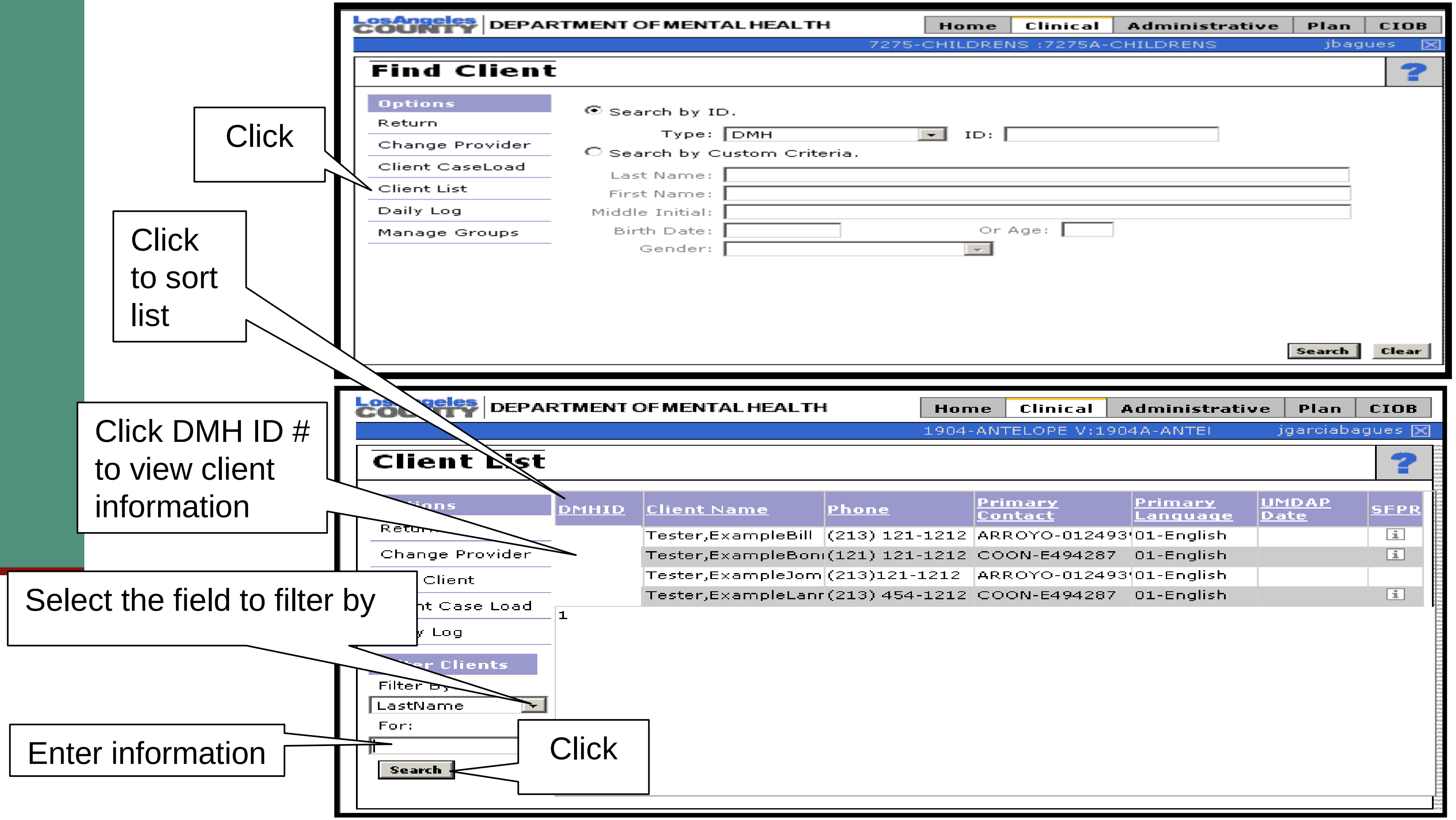


# EXERCISE 2

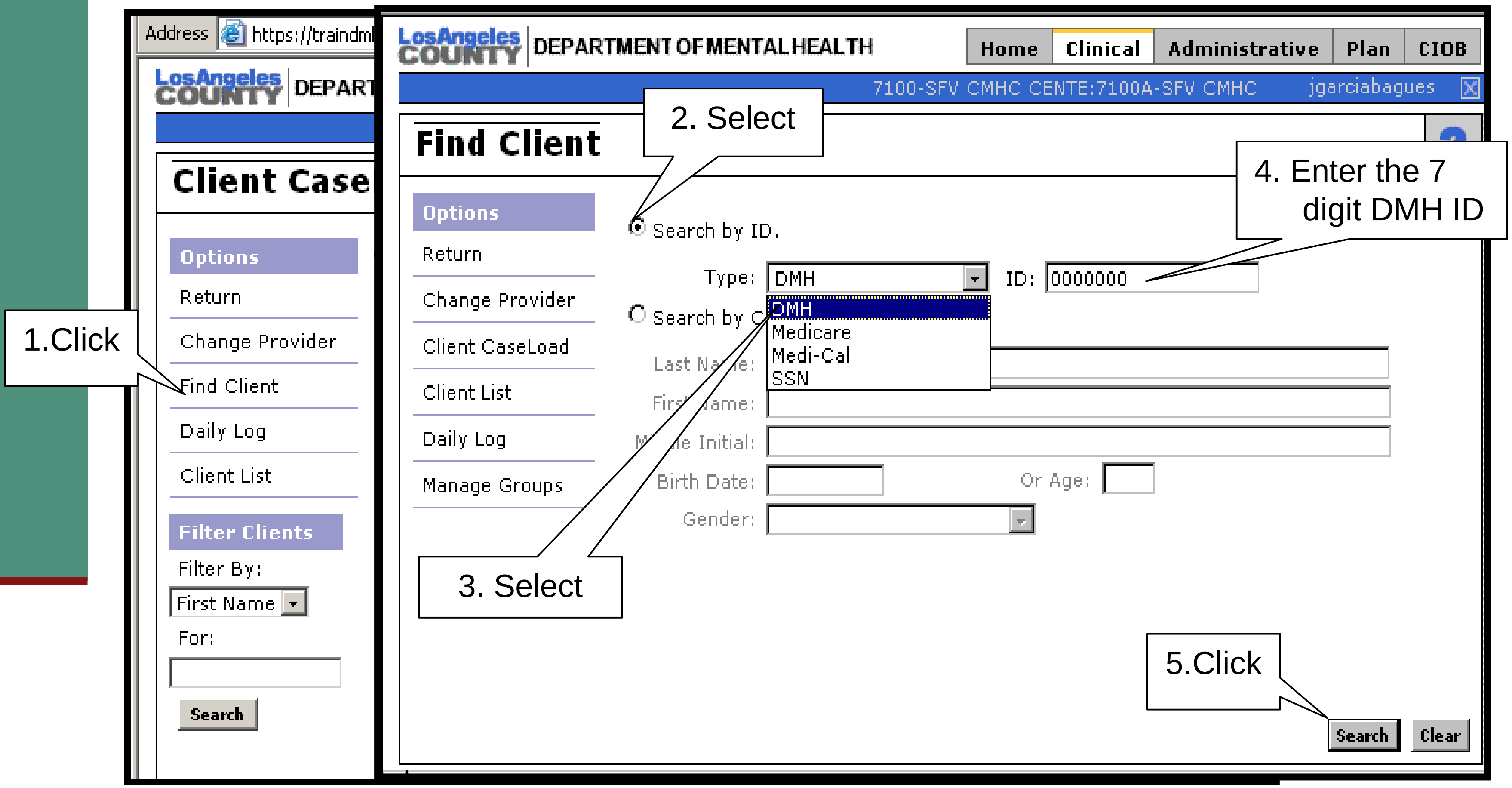
## Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

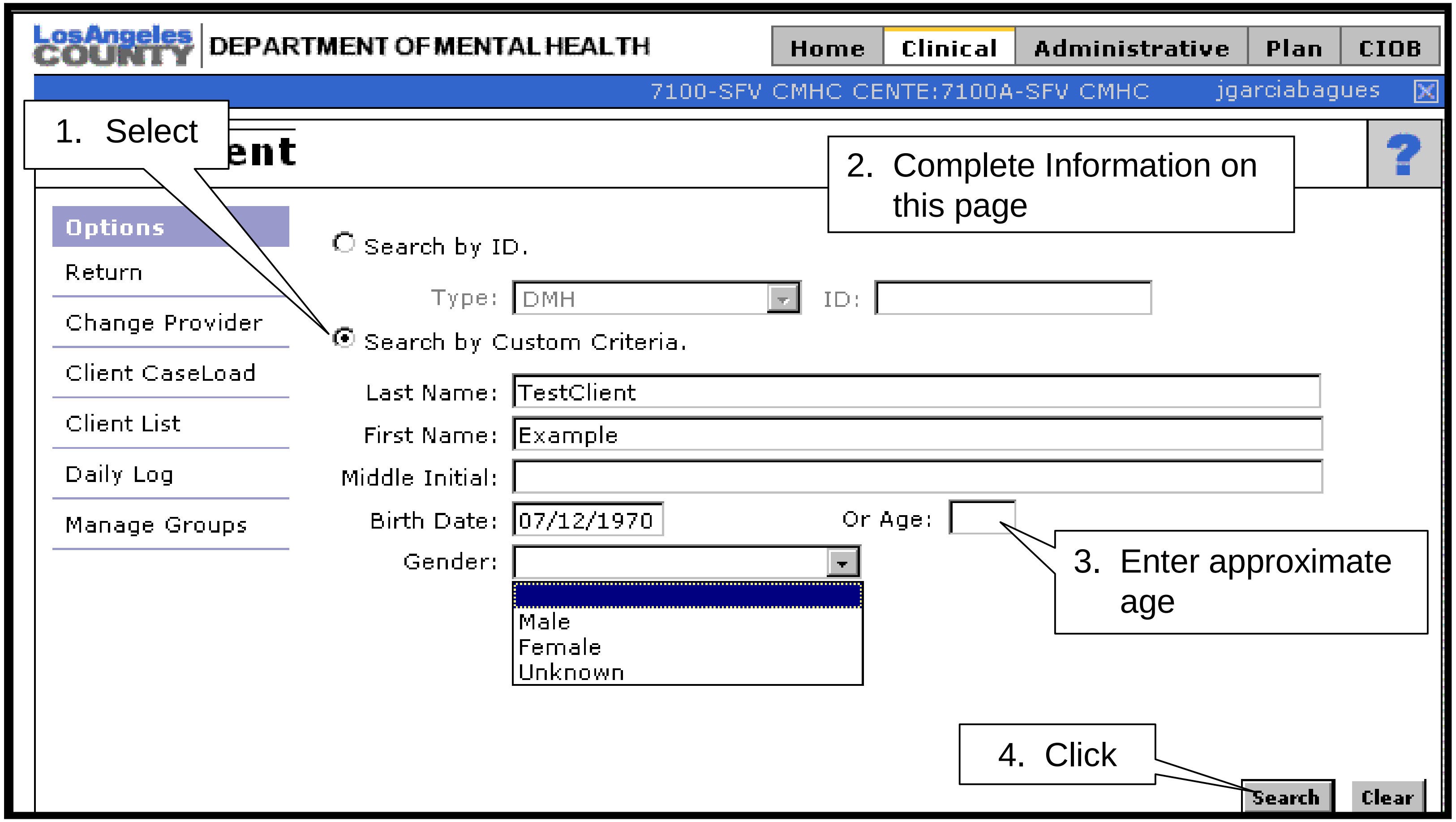
# Find a Client: Using Client List and Filter Clients



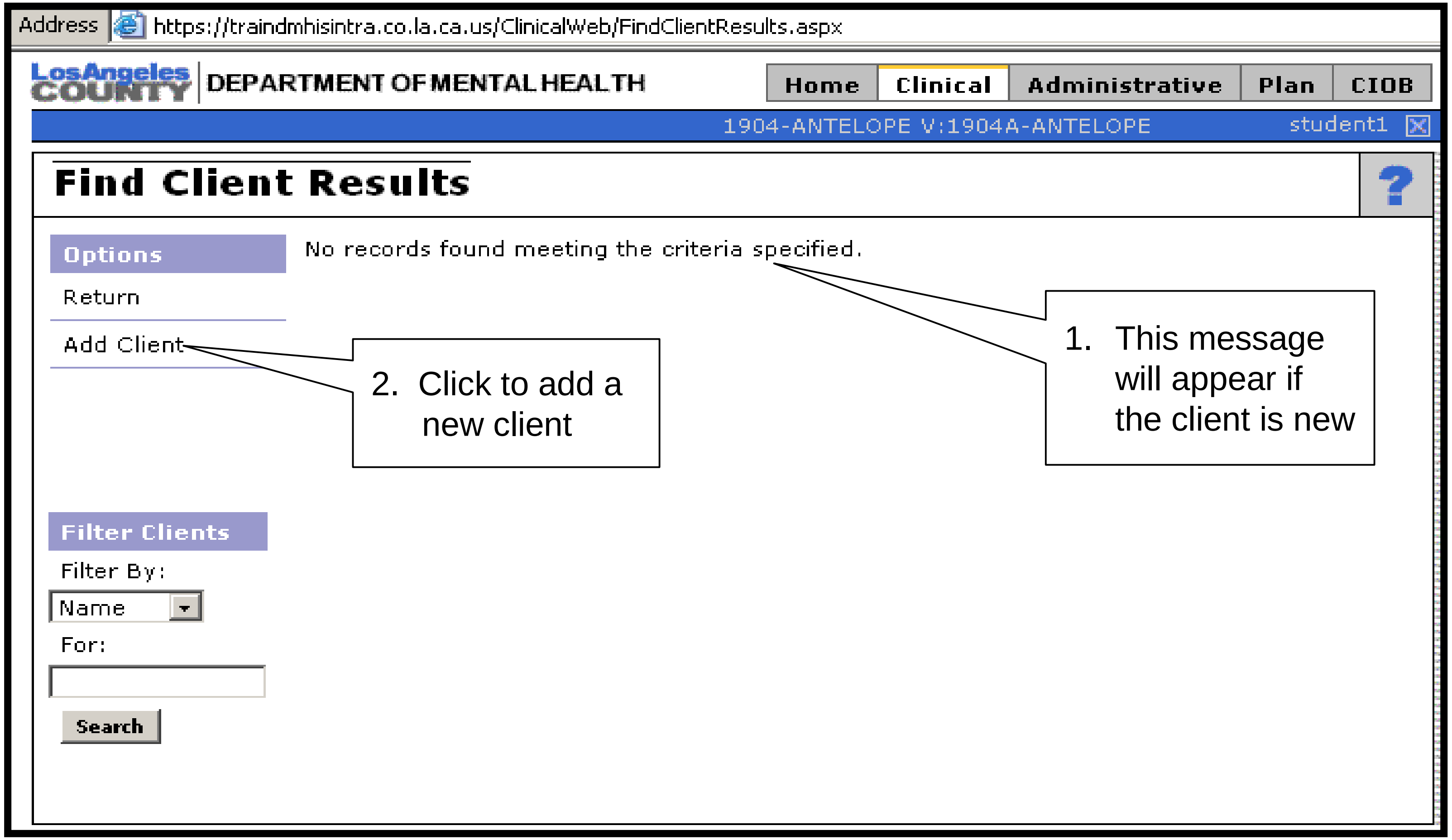
# Find a Client: Using Search by ID



# Find a Client: Using Search by Custom Criteria



# Find a Client: Results Screen



# EXERCISE 3

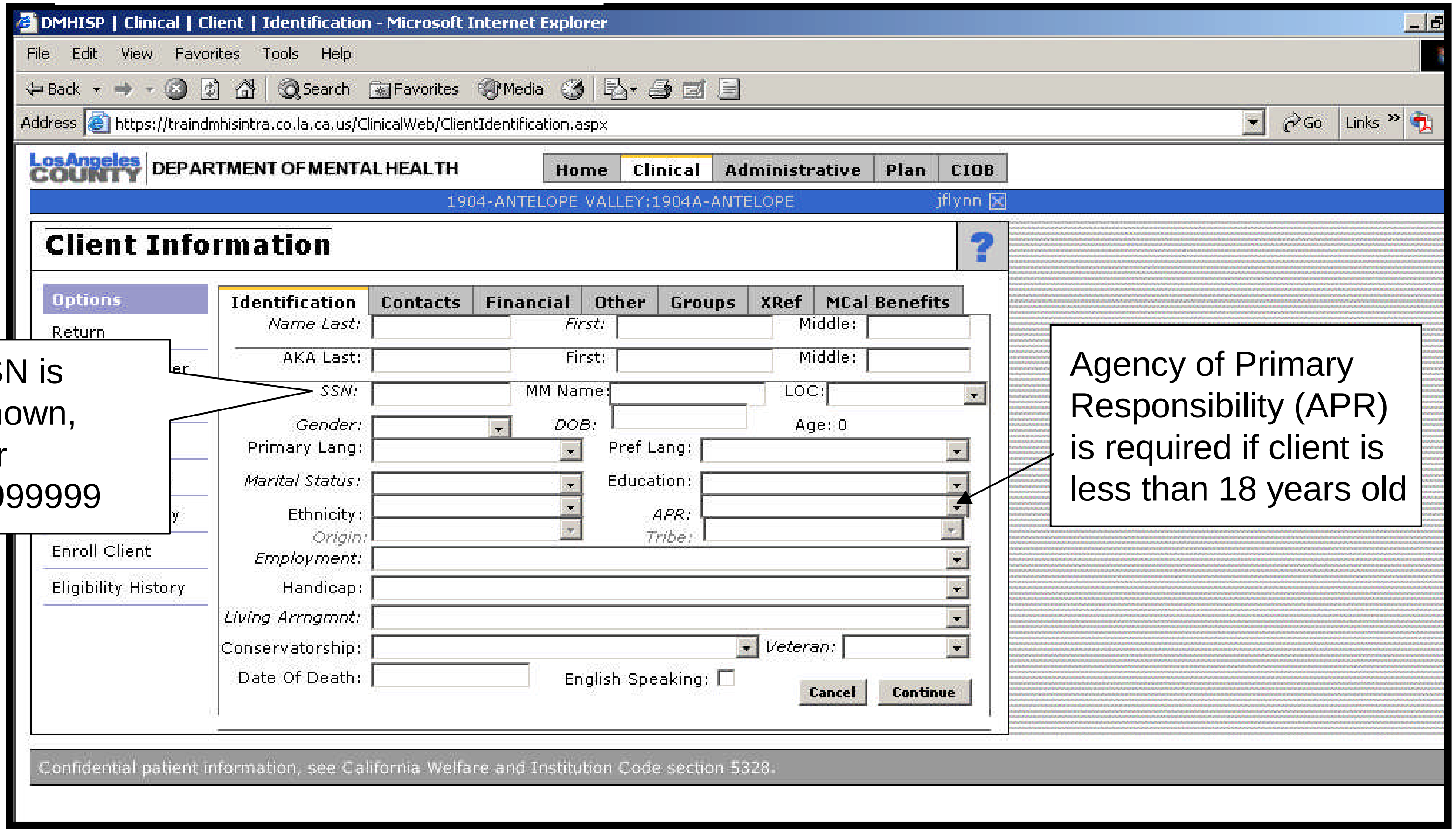
## Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search,  before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

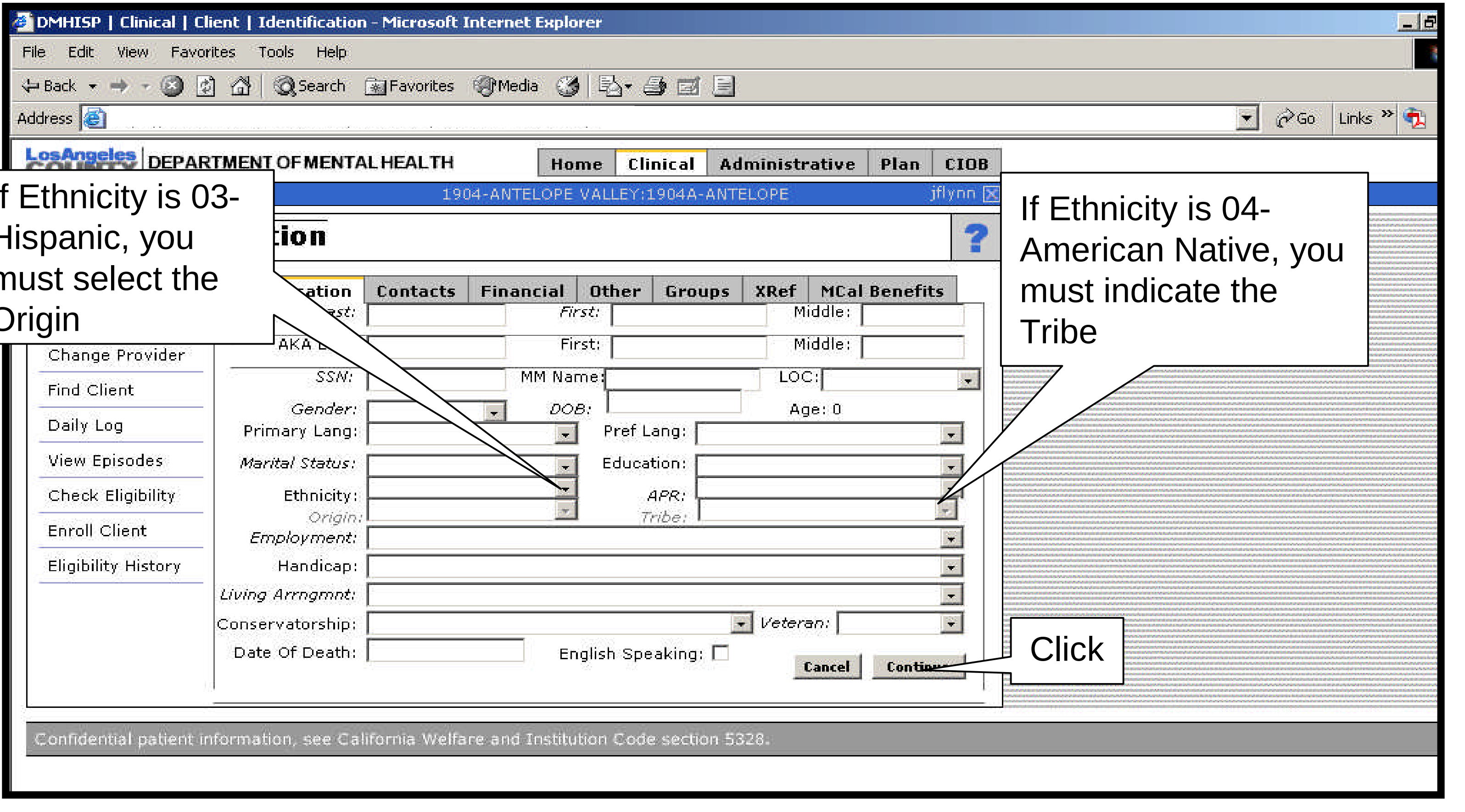
# Add a Client: Information




If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

# Add a Client: Ethnicity




If Ethnicity is 03-Hispanic, you must select the Origin

If Ethnicity is 04-American Native, you must indicate the Tribe

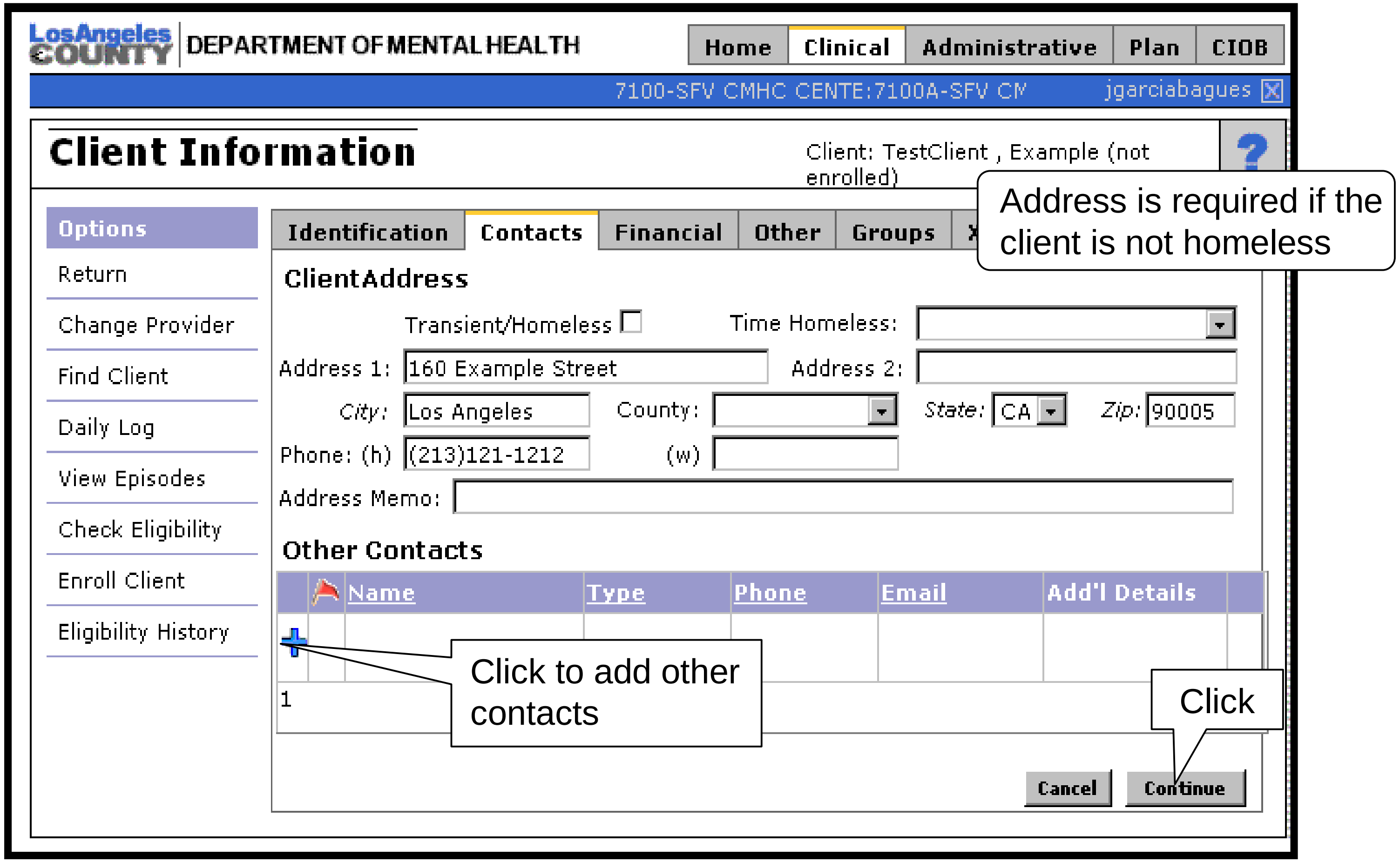
Click

# EXERCISE 4

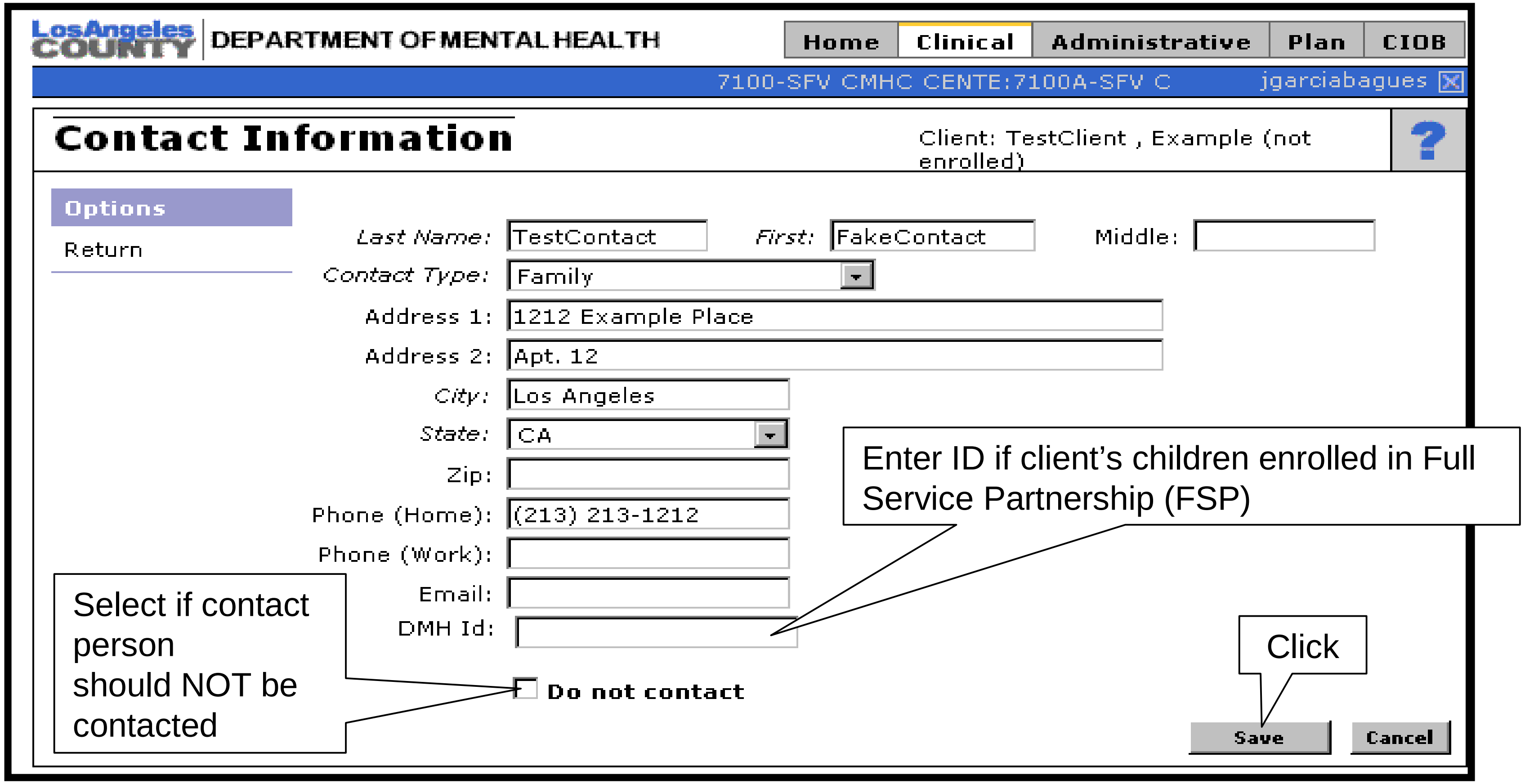
## Add a Client: Contacts Screen

- Enter Client’s Contact Information
- Enter Client’s Other Contact (s) Information
- Edit Client’s Other Contact (s) information

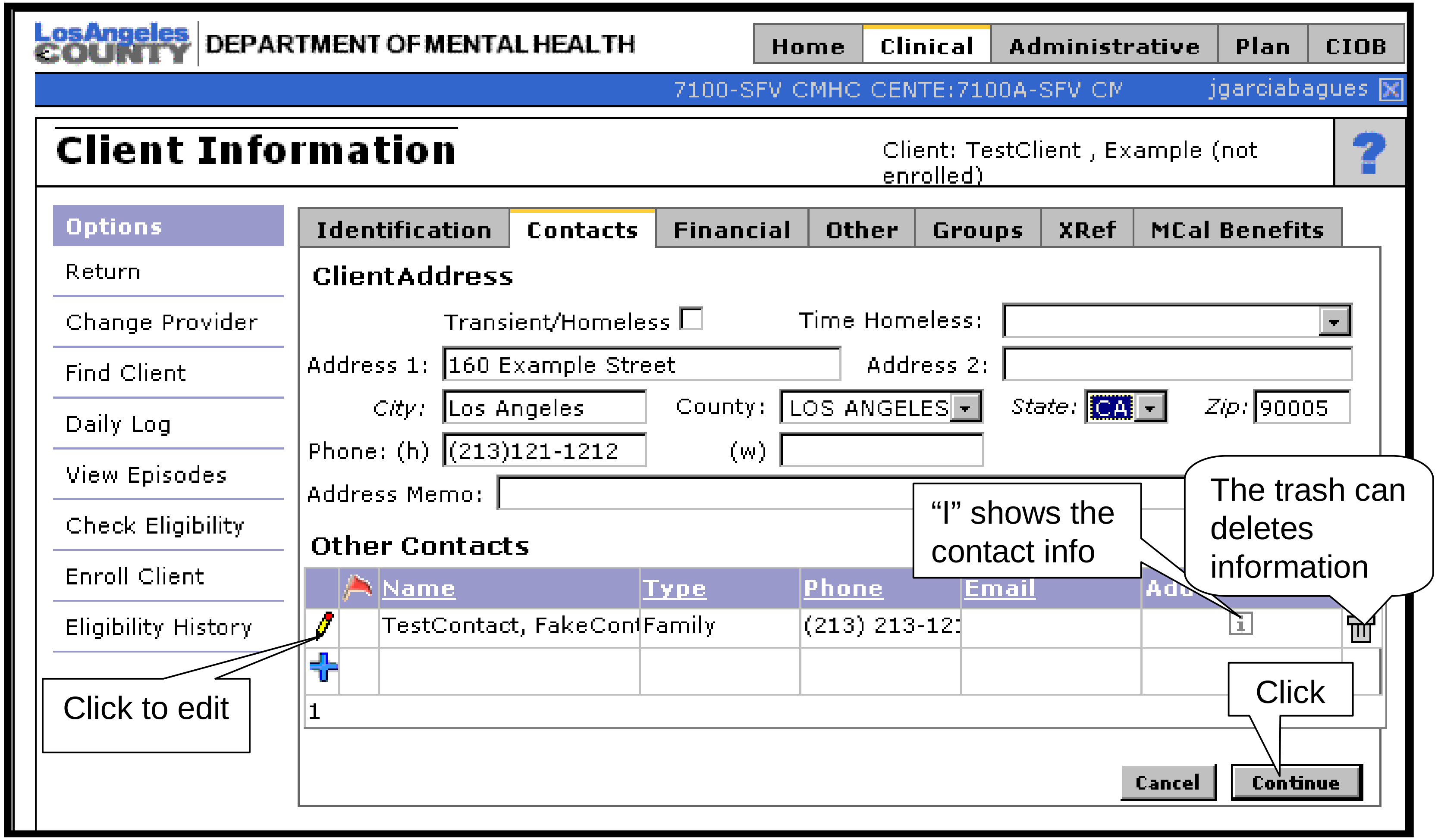
# Add a Client: Contact Information



# Add Client: Other Contact (s) Information



# Add a Client: Edit Other Contact Information

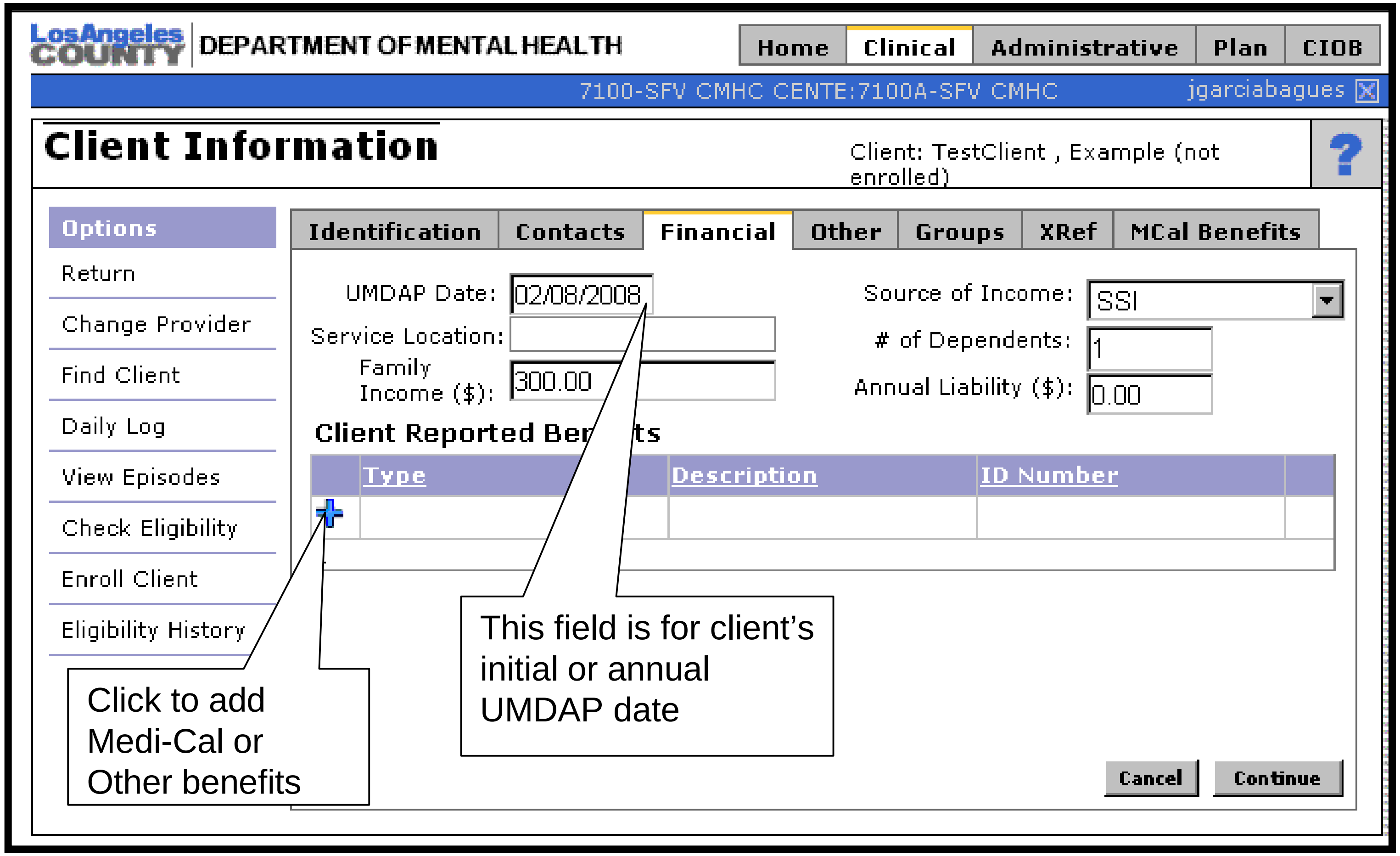


# EXERCISE 5

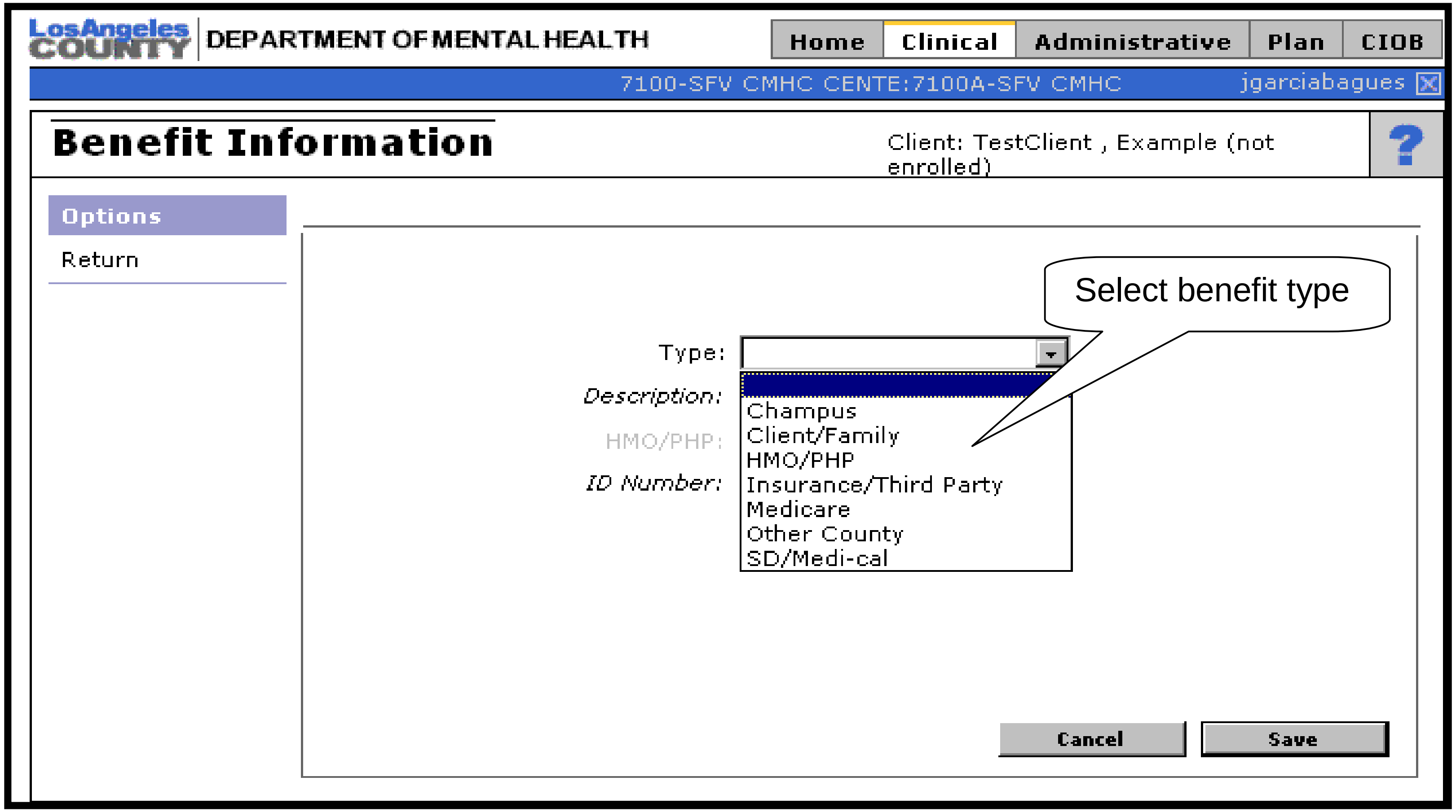
## Add a Client: Financial Screen

- Enter Client’s Financial Information
- Enter Client’s Benefit Type
- Enter Client’s Benefit Information

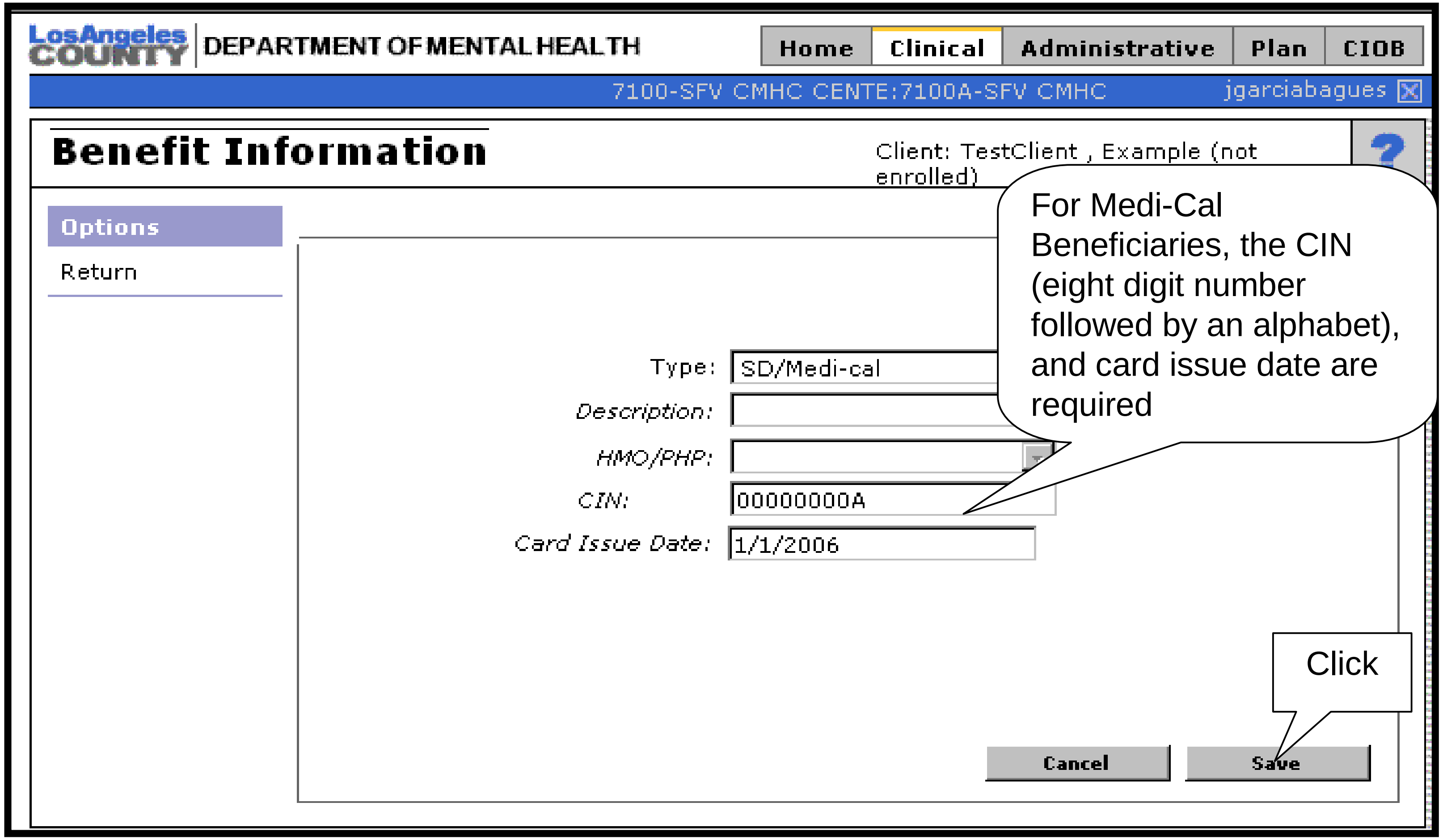
# Add a Client: Financial Information



# Add a Client: Benefit Information



# Add a Client: Benefit Information

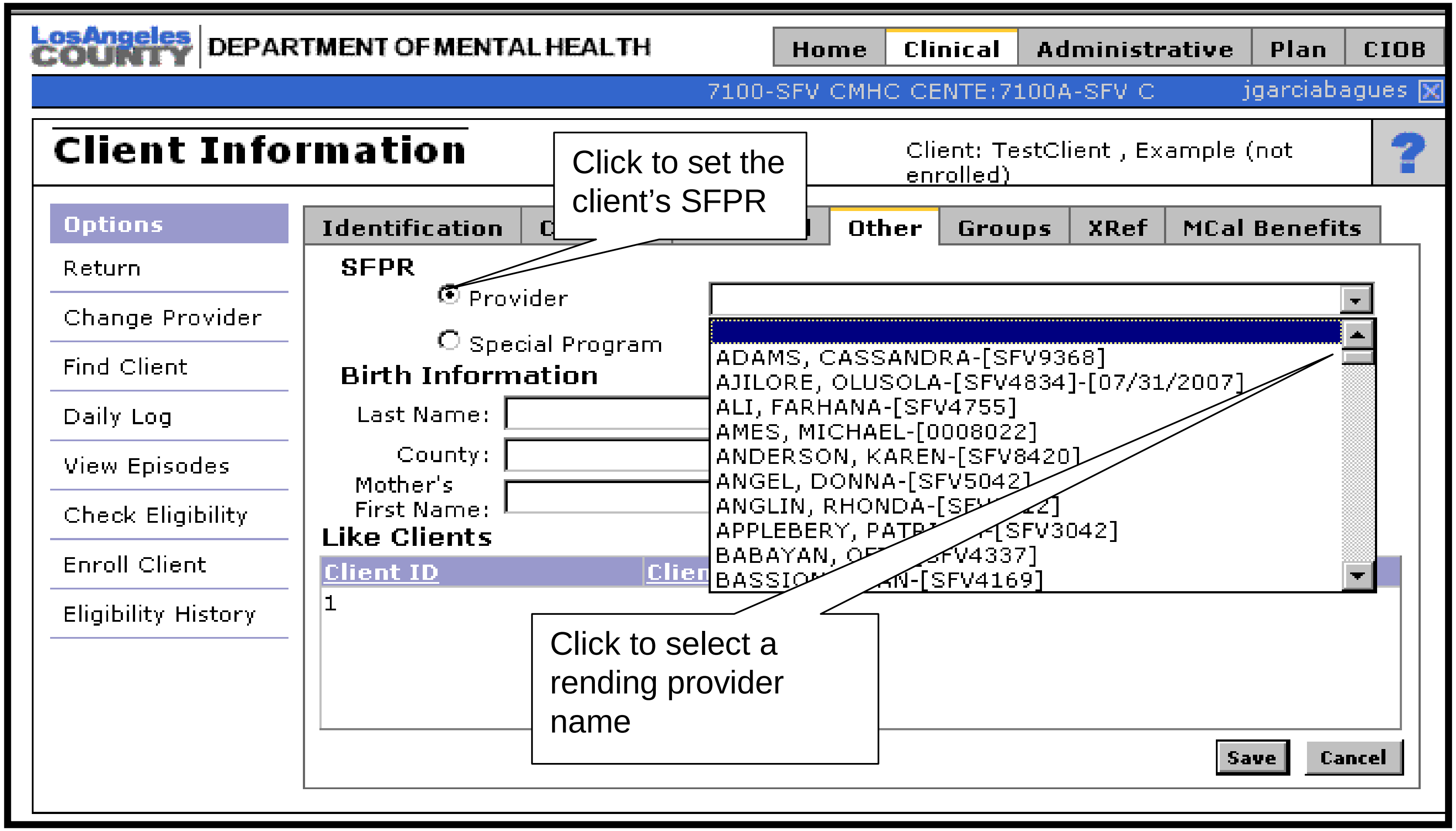


# EXERCISE 6

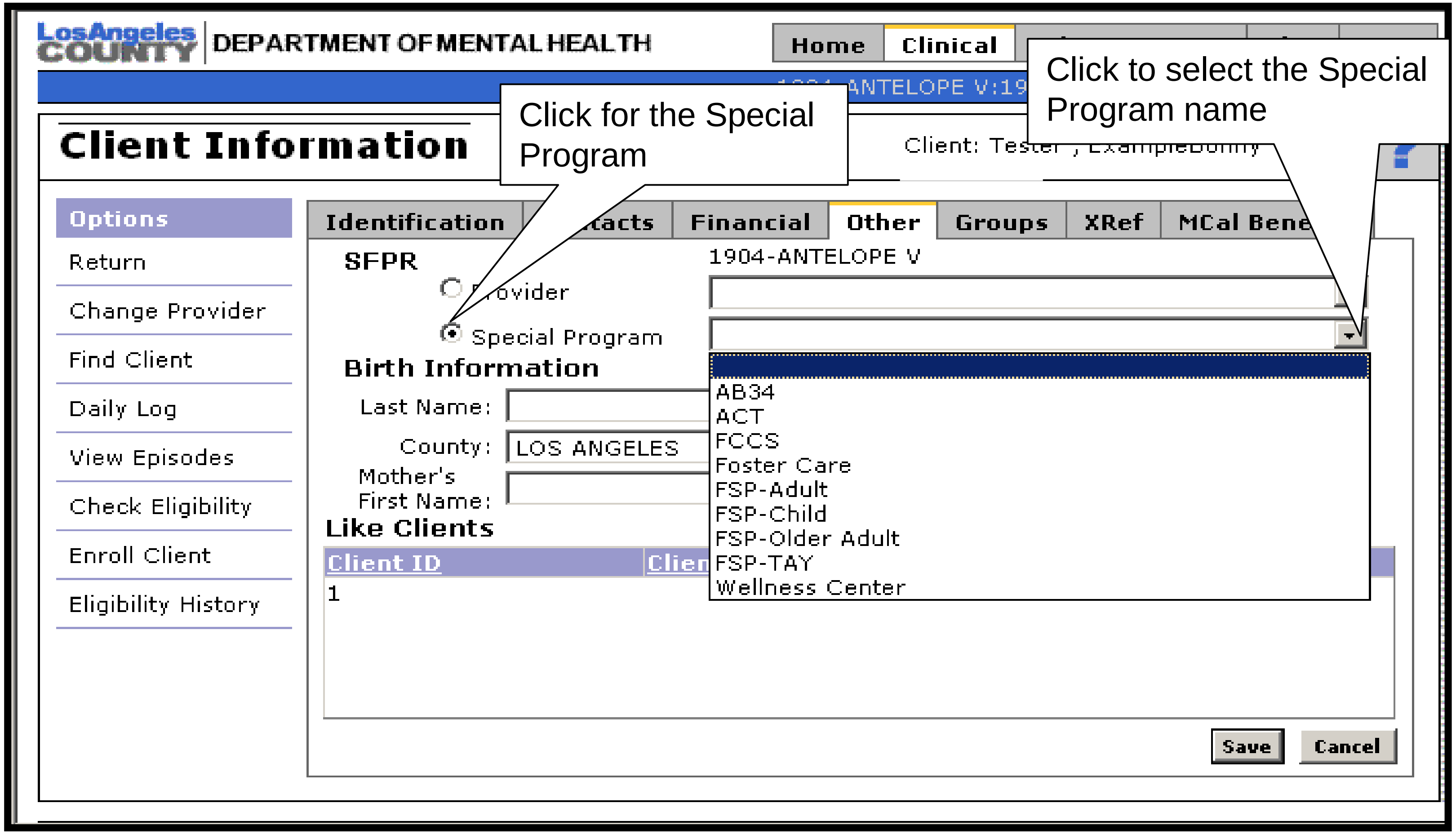
## Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

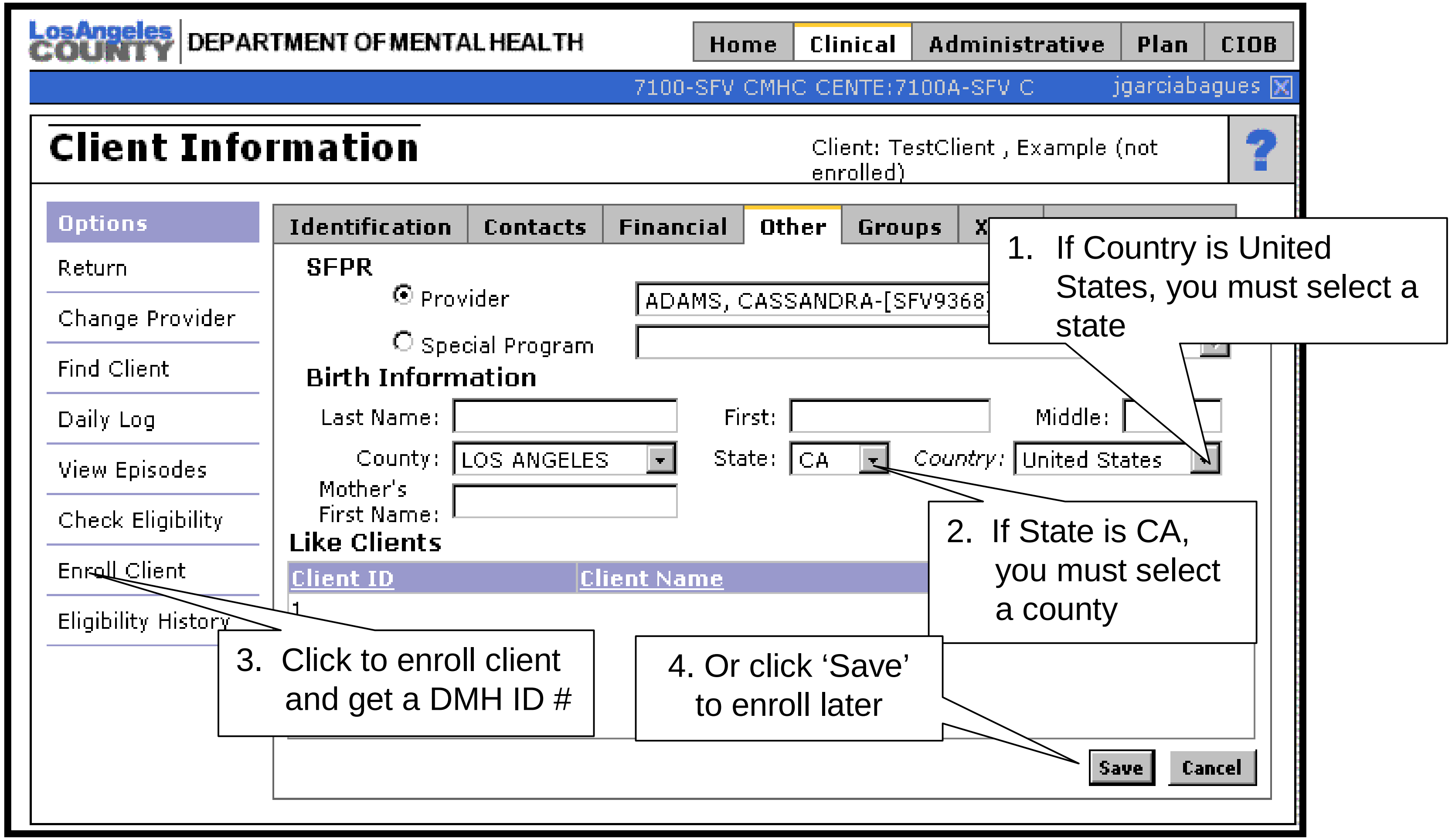
# Add a Client: Other Screen



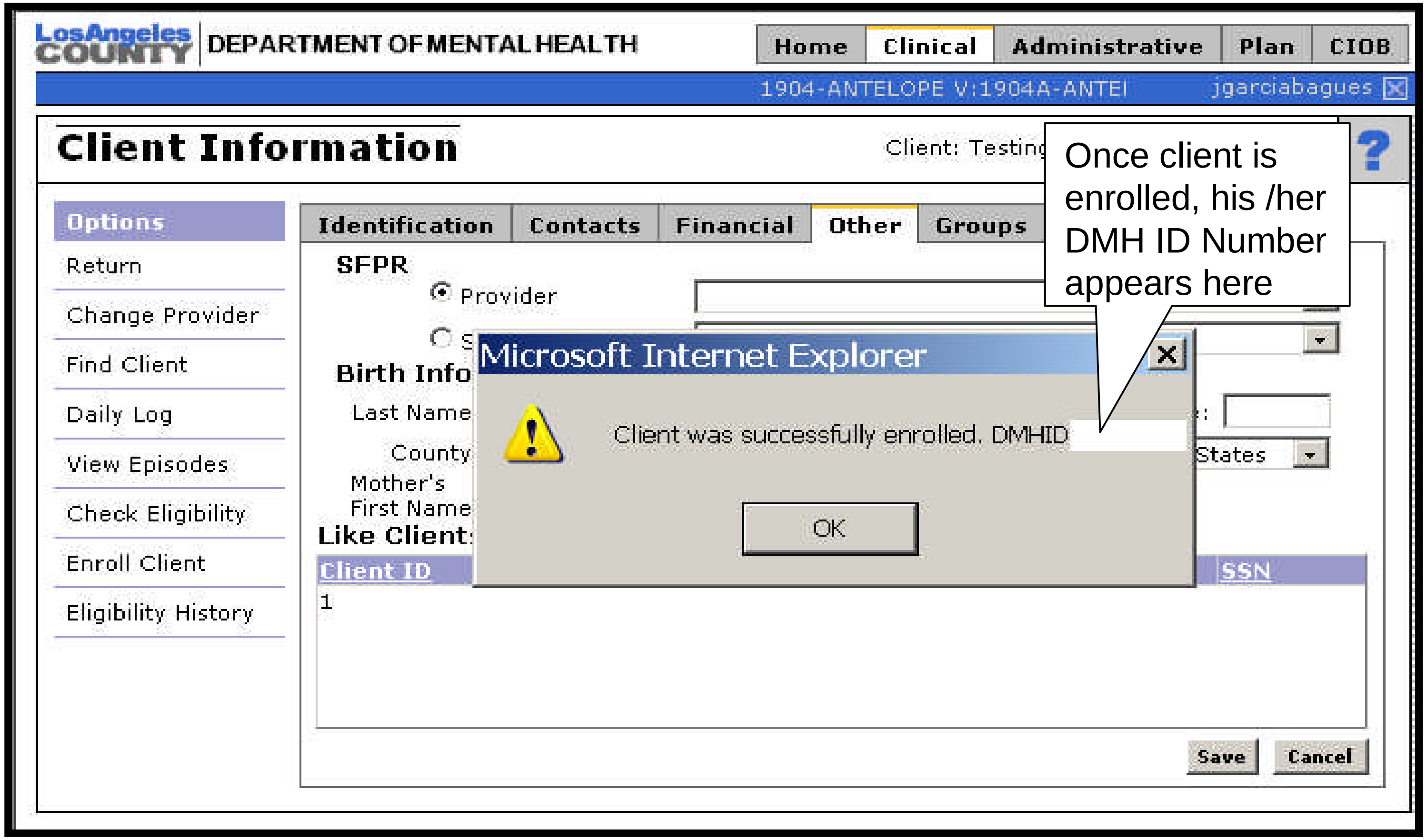
# Add a Client: Other Screen



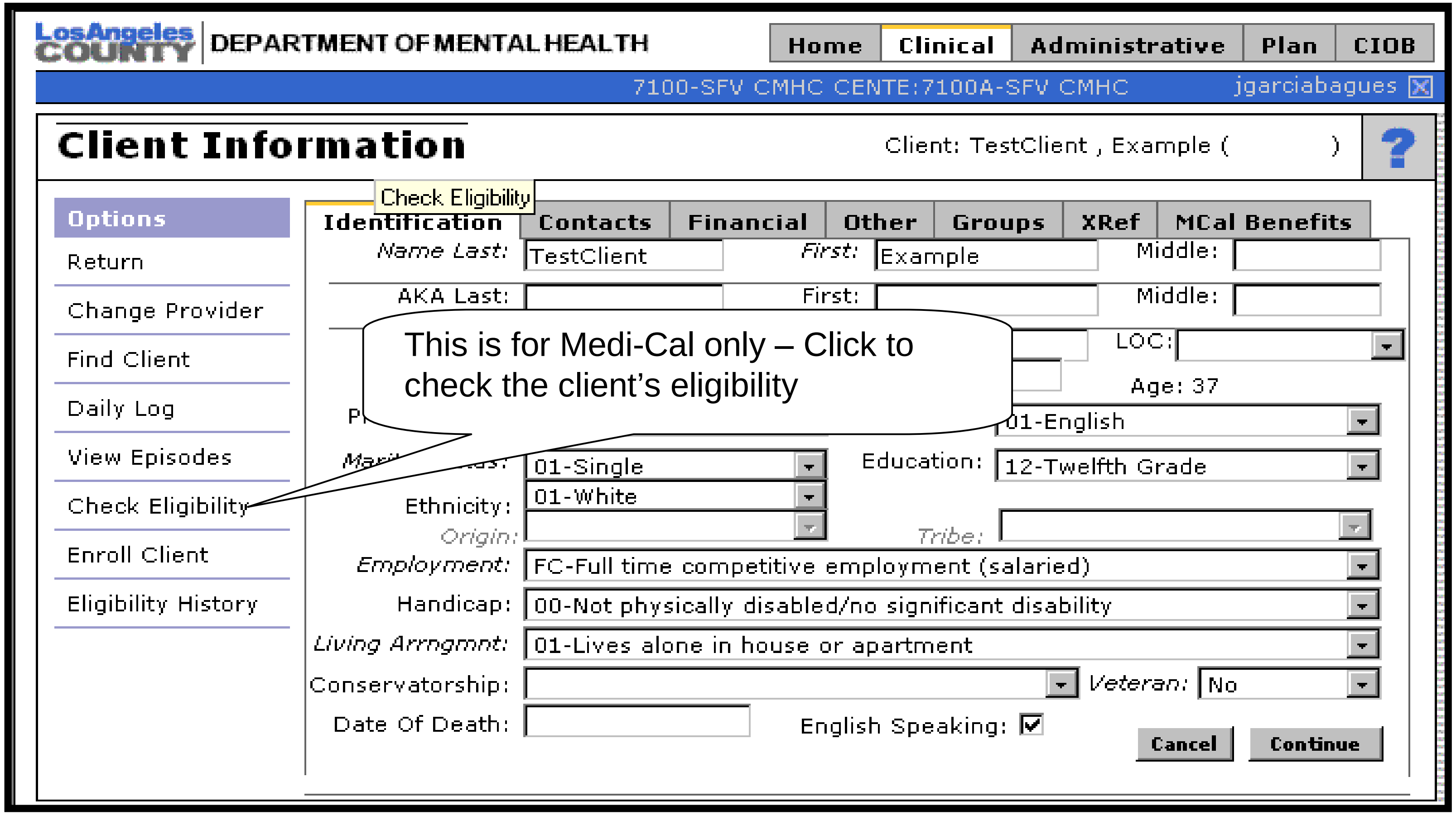
# Add a Client: Other Screen



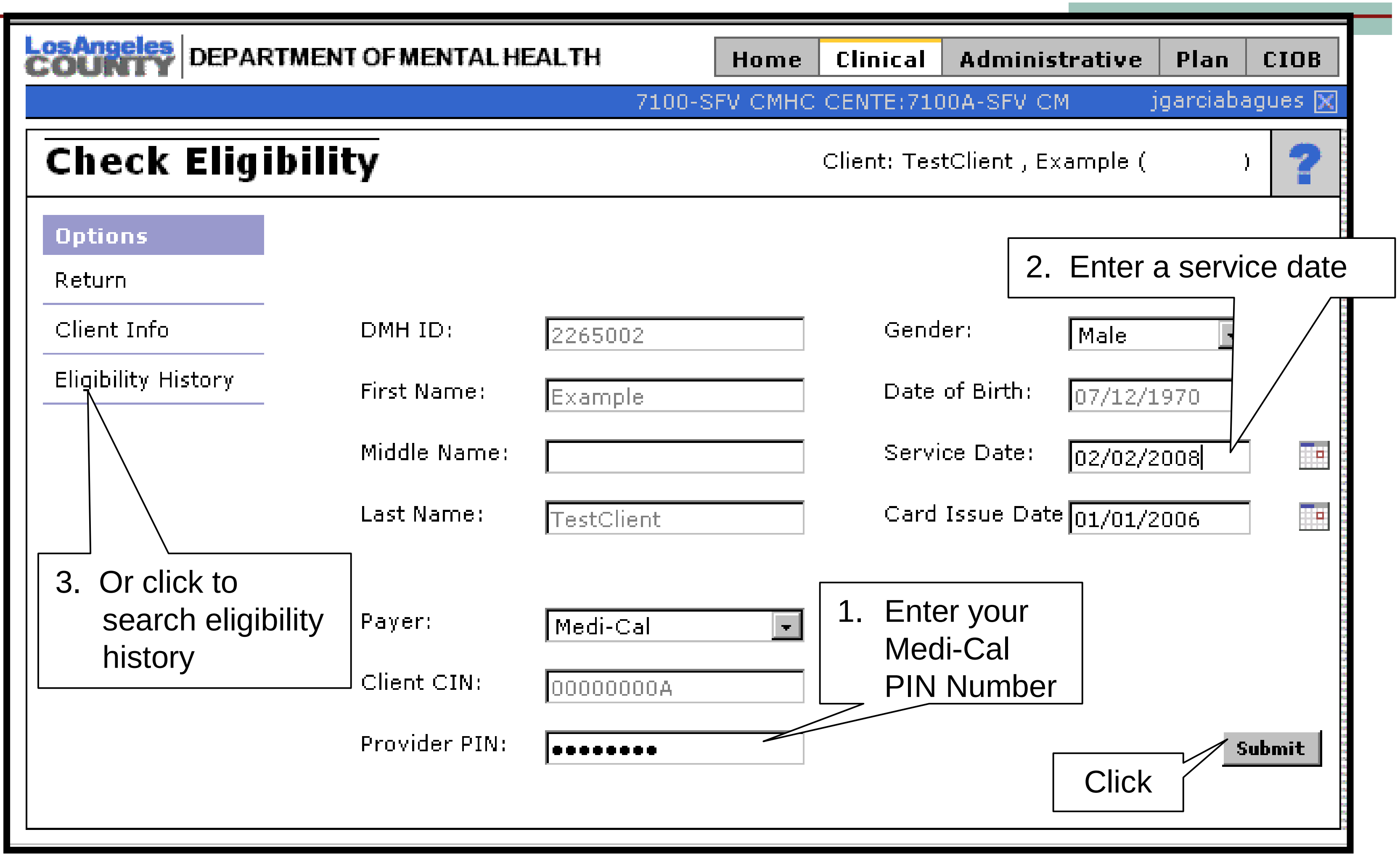
# Enroll a Client



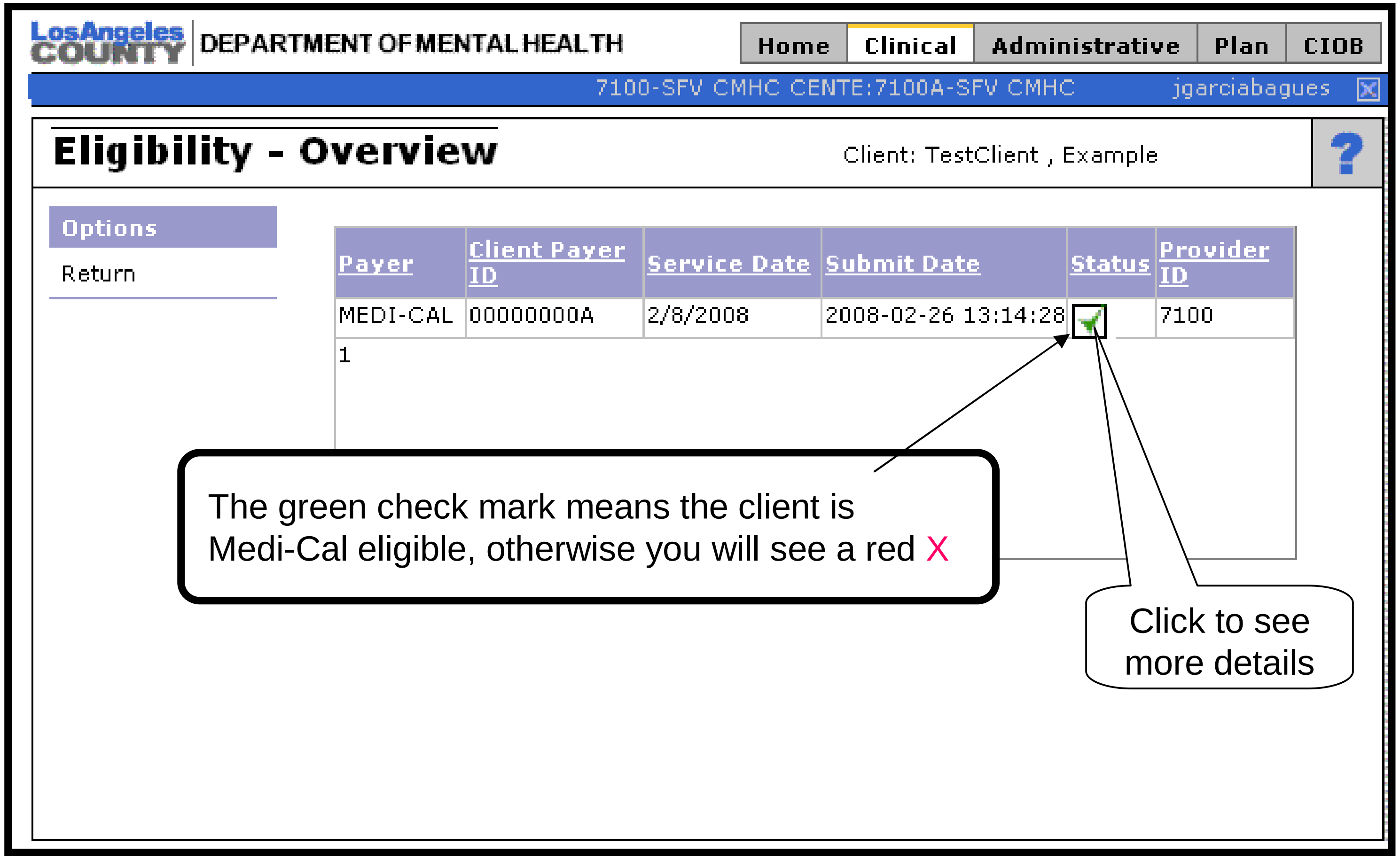
# Check Eligibility



# Check Eligibility

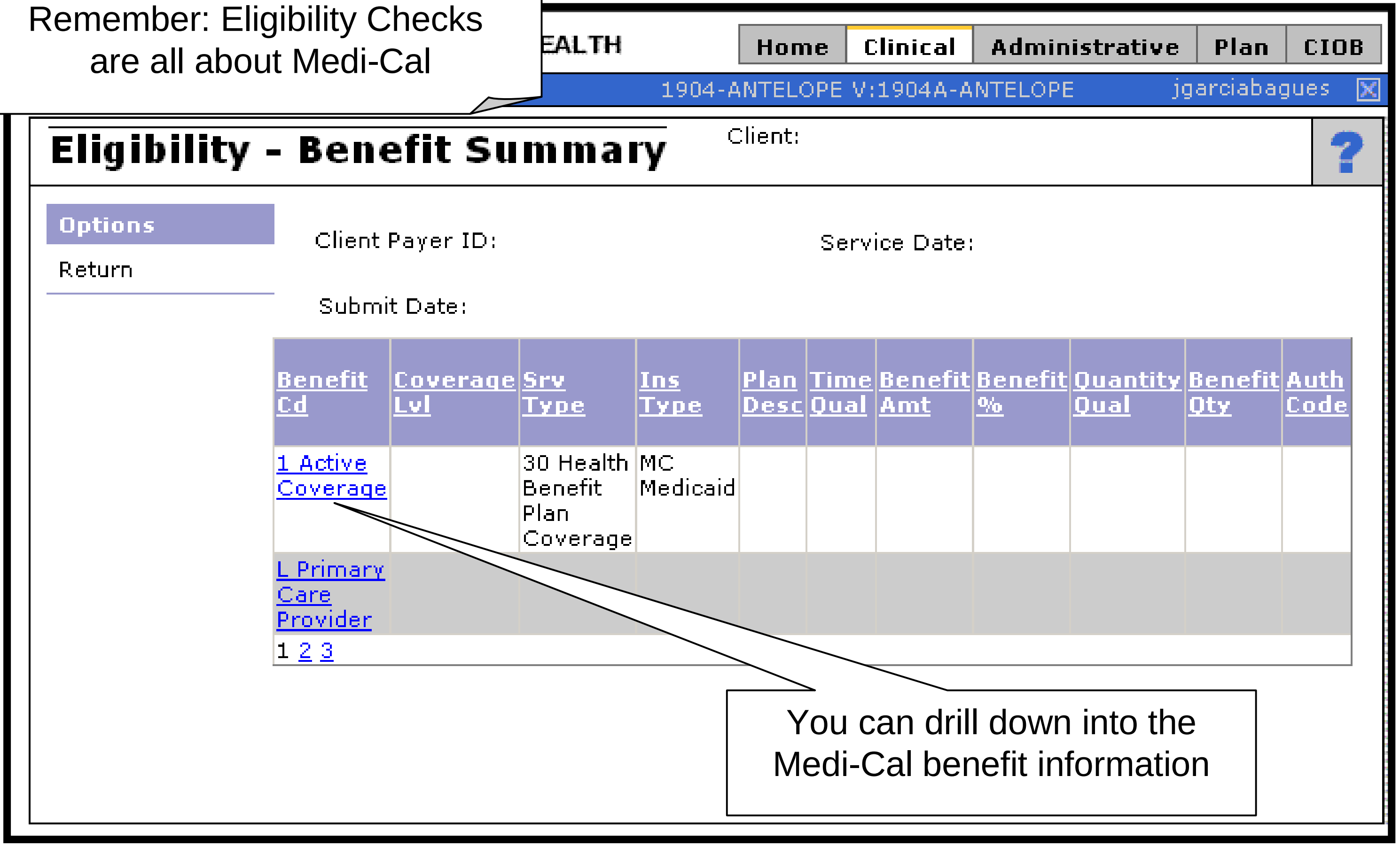


# Check Eligibility



# Eligibility

Remember: Eligibility Checks are all about Medi-Cal

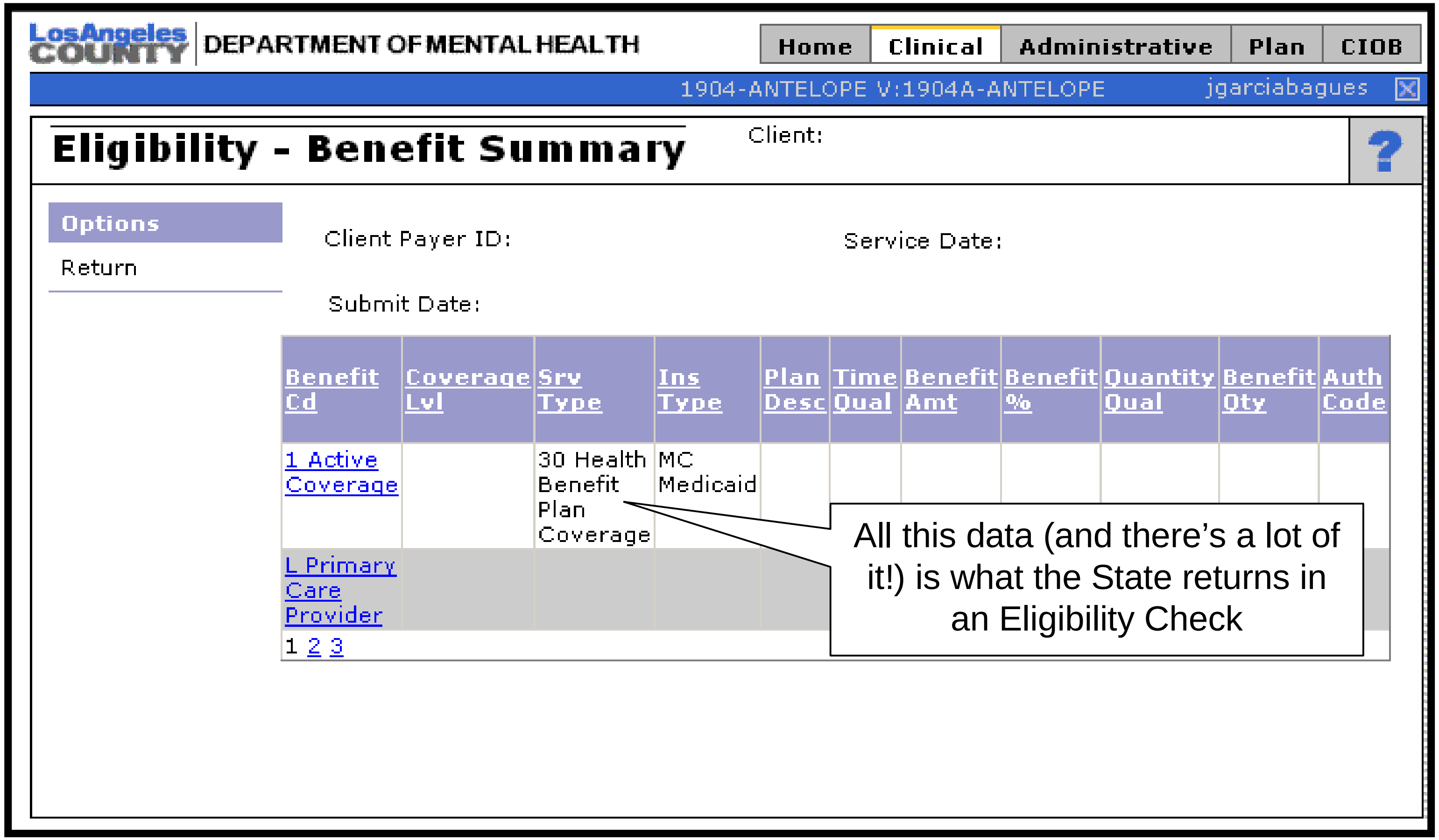



| Benefit Cd | Coverage Lvl | Srv Type | Ins Type | Plan Desc | Time Qual | Benefit Amt | Benefit % | Quantity Qual | Benefit Qty | Auth Code |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 Active Coverage | | 30 Health Benefit Plan Coverage | MC Medicaid | | | | | | | |
| L Primary Care Provider | | | | | | | | | | |

1 2 3

You can drill down into the Medi-Cal benefit information

# Eligibility History

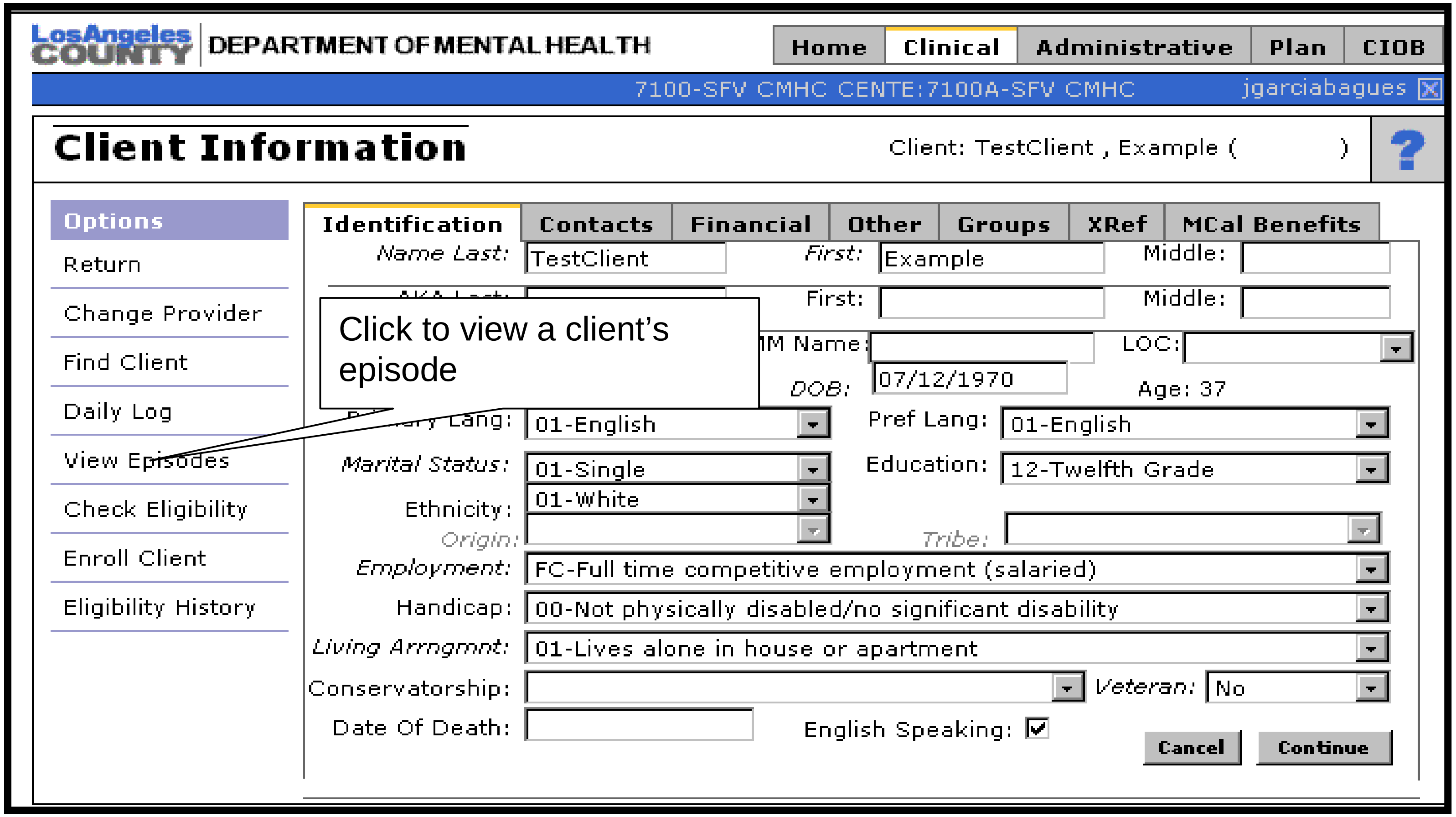


# EXERCISE 7

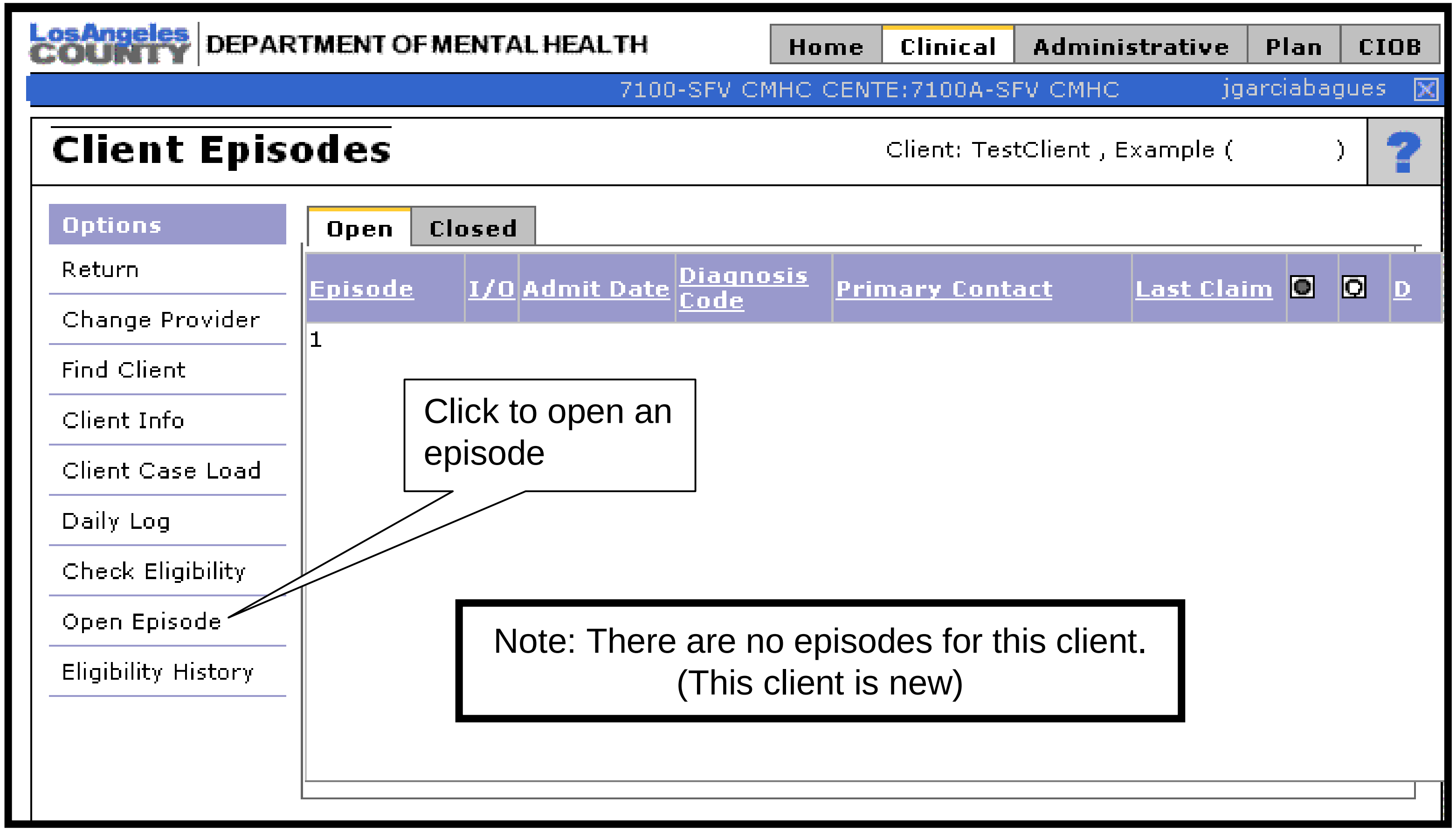
## Open an Episode:

- Complete Admission Screen

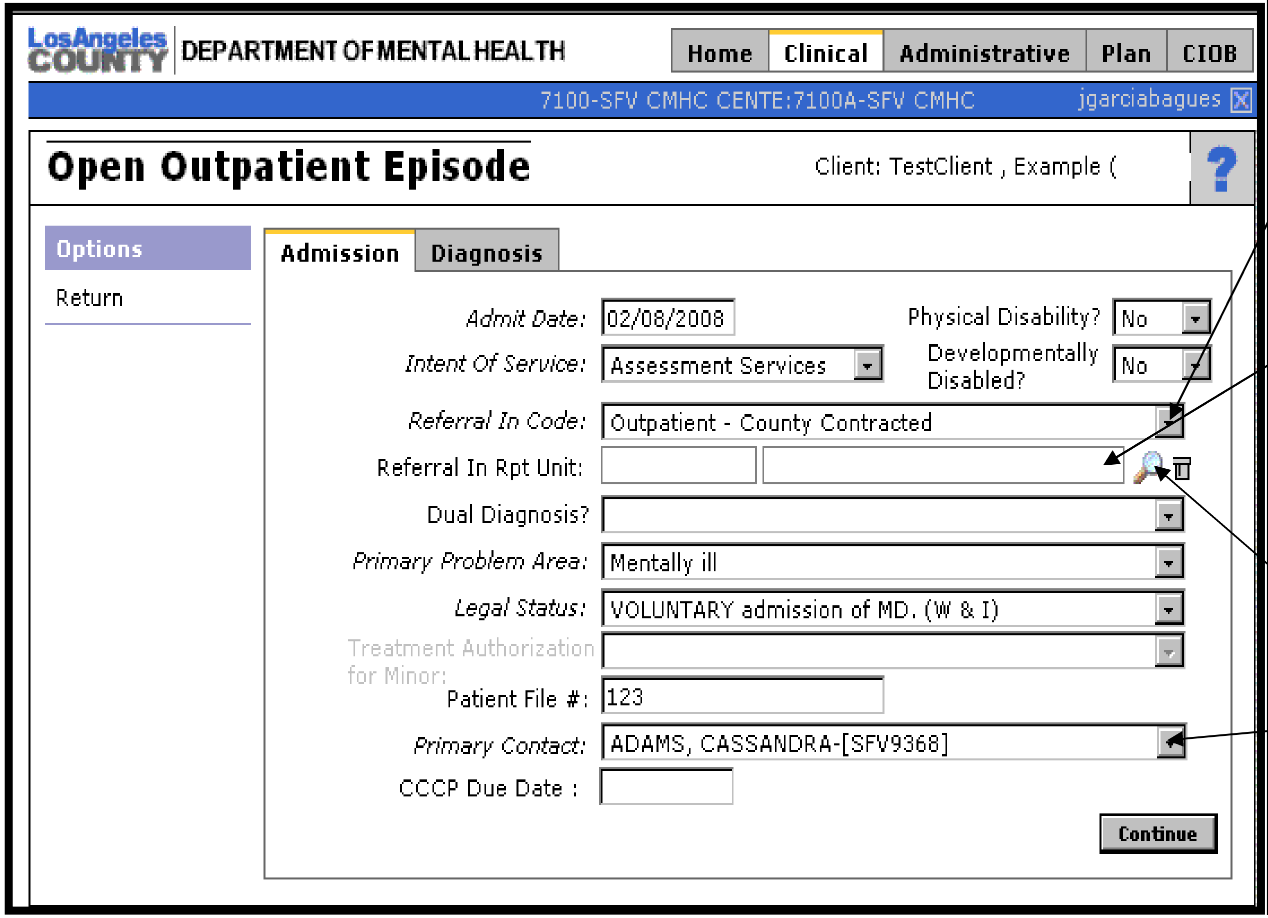
# Open an Episode: Admission Screen



# Open an Episode: Admission Screen



# Open an Episode: Admission Screen



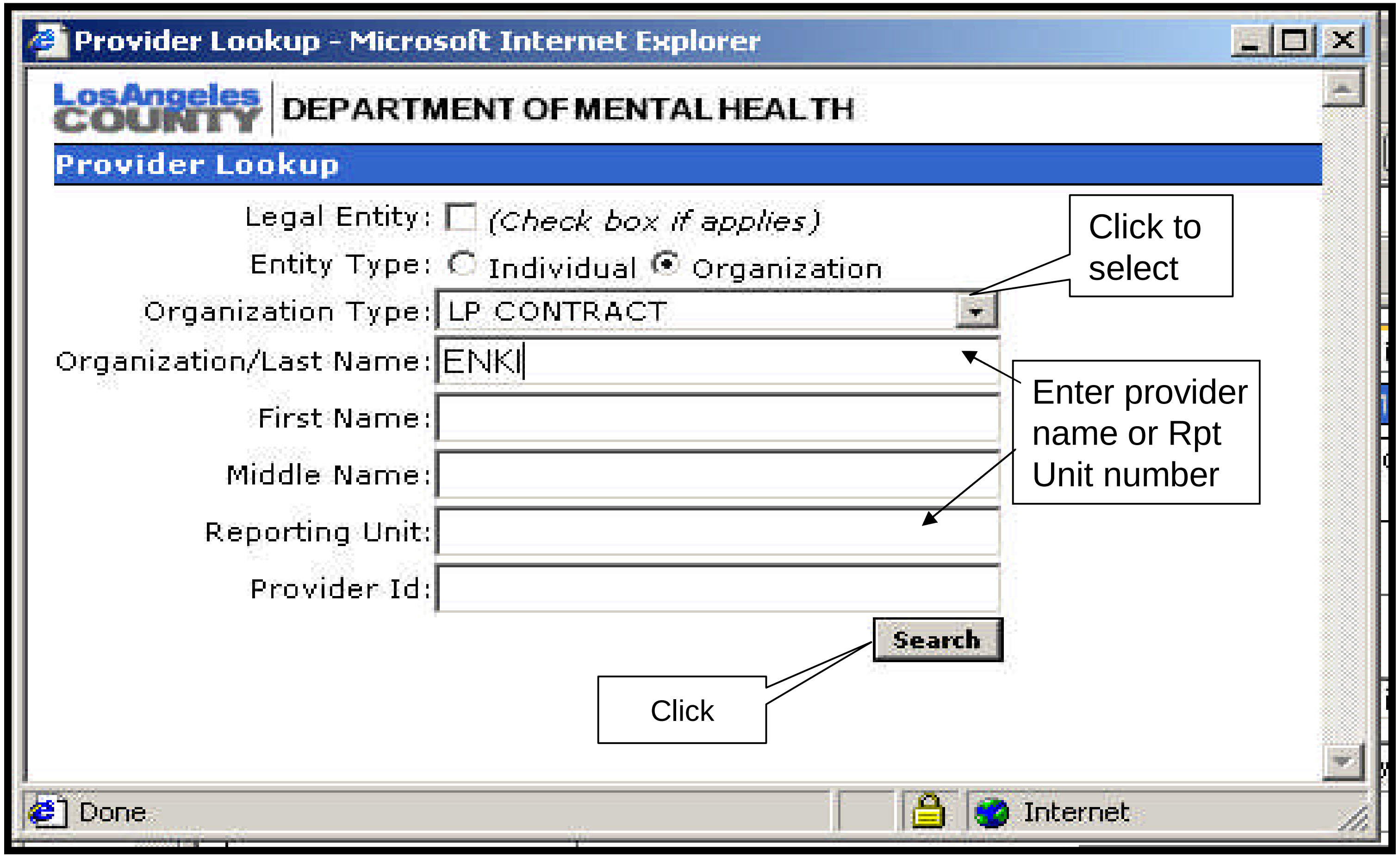

<u>Referral In Code:</u>
To identify the agency or person who referred the client to your agency.

<u>Referral In Rpt Unit</u>:
When the agency that referred the client has a reporting unit number. This field Is optional.

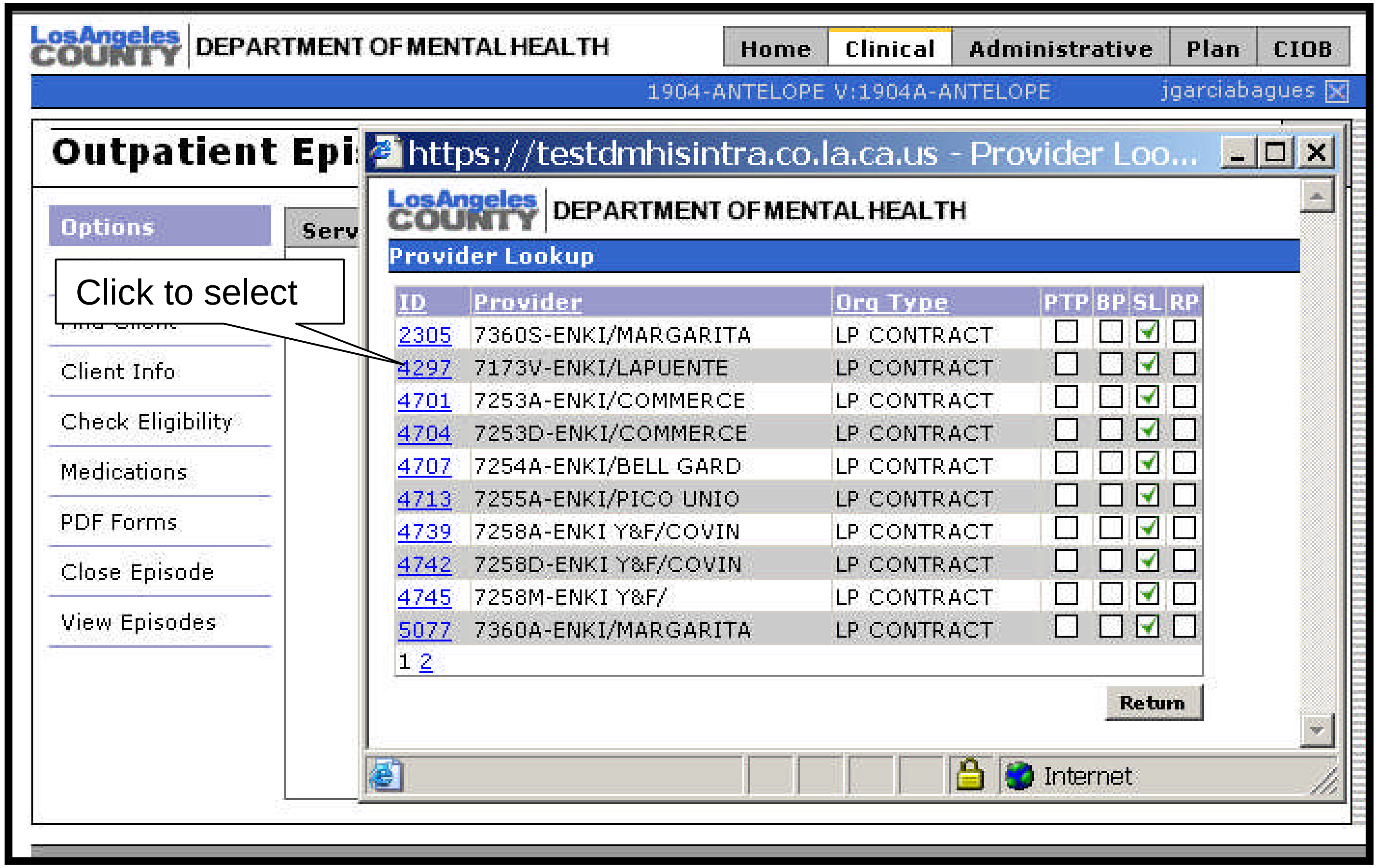
Click to search Rpt Unit by provider type & name (See next page.)

<u>Primary Contact:</u>
Click to select the client's primary clinician

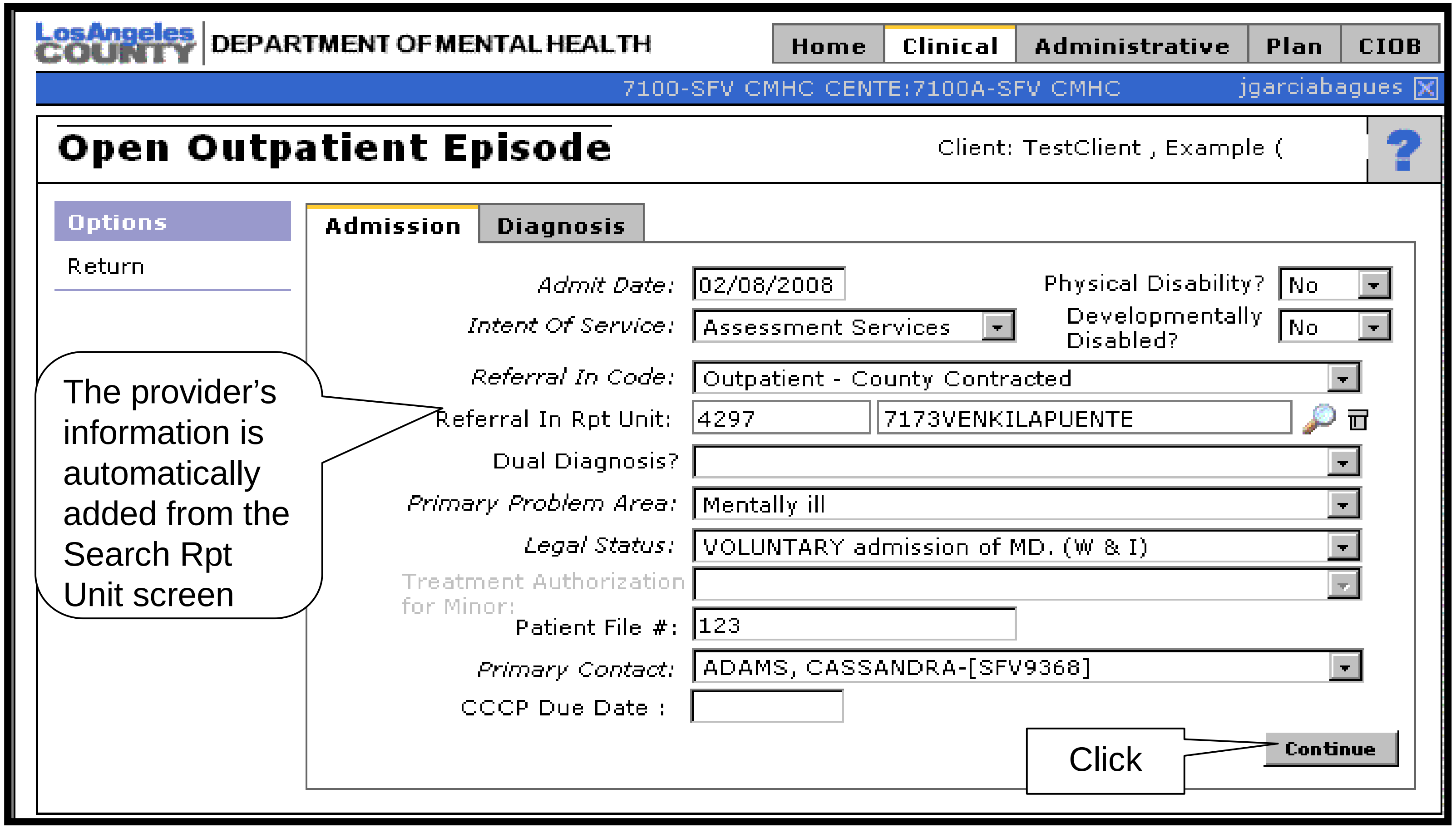
# Open an Episode: Admission Screen Search Rpt Unit



# Open an Episode: Admission Screen Search Rpt Unit (Cont.)



# Open an Episode: Admission Screen.

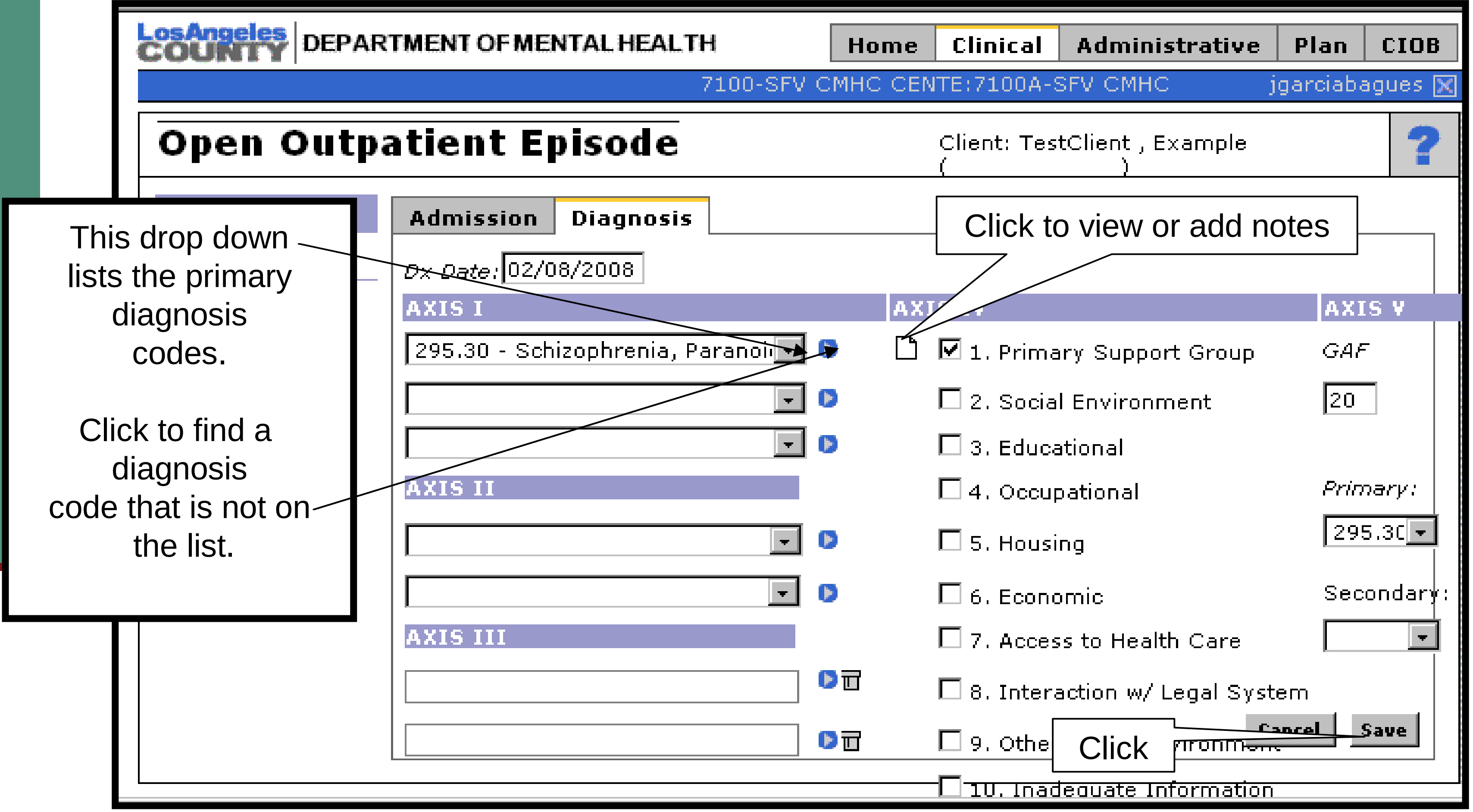


# EXERCISE 8

## Open an Episode:

- Complete the Diagnosis Screen

# Open an Episode: Diagnosis Screen

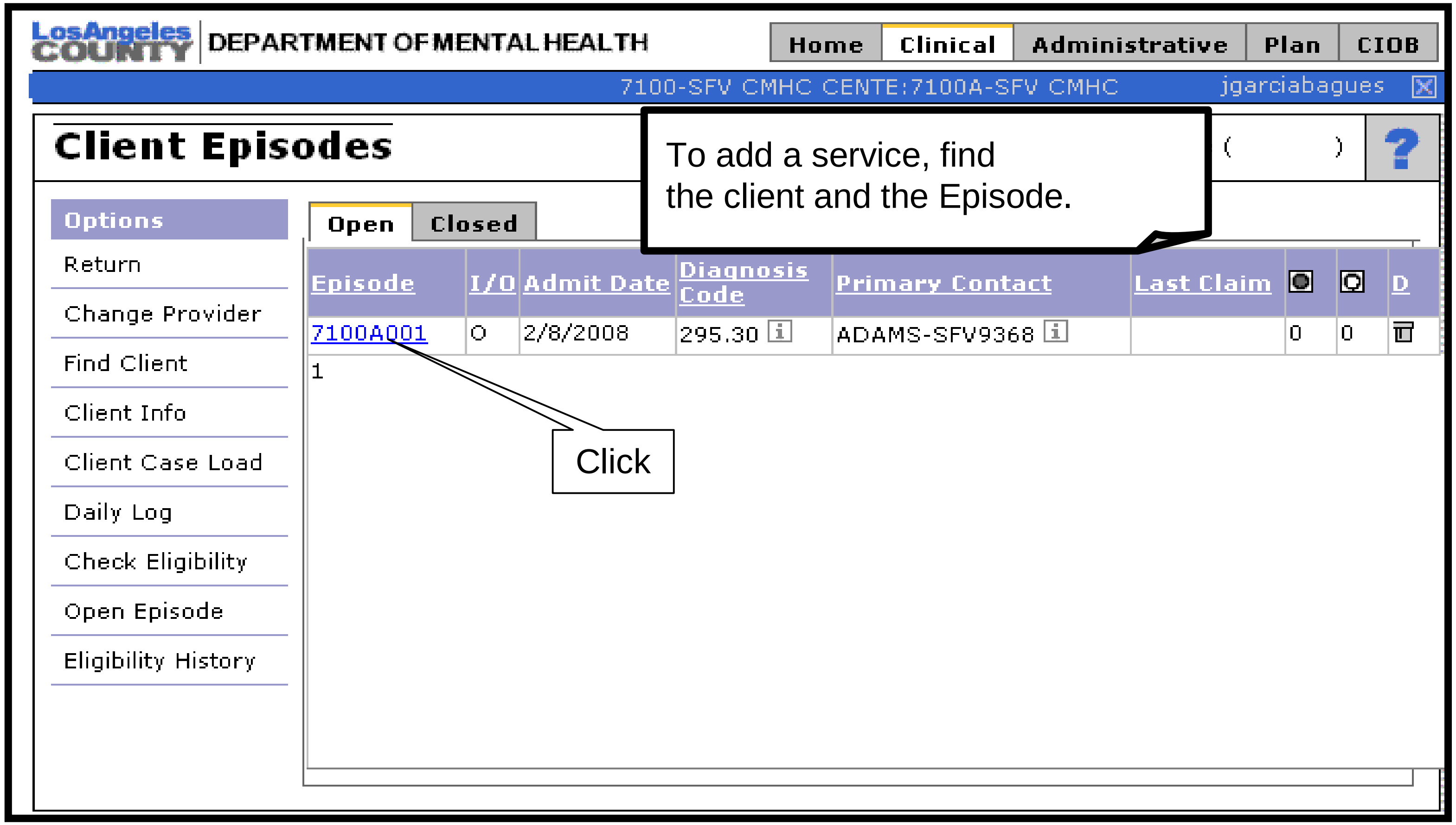


# EXERCISE 9

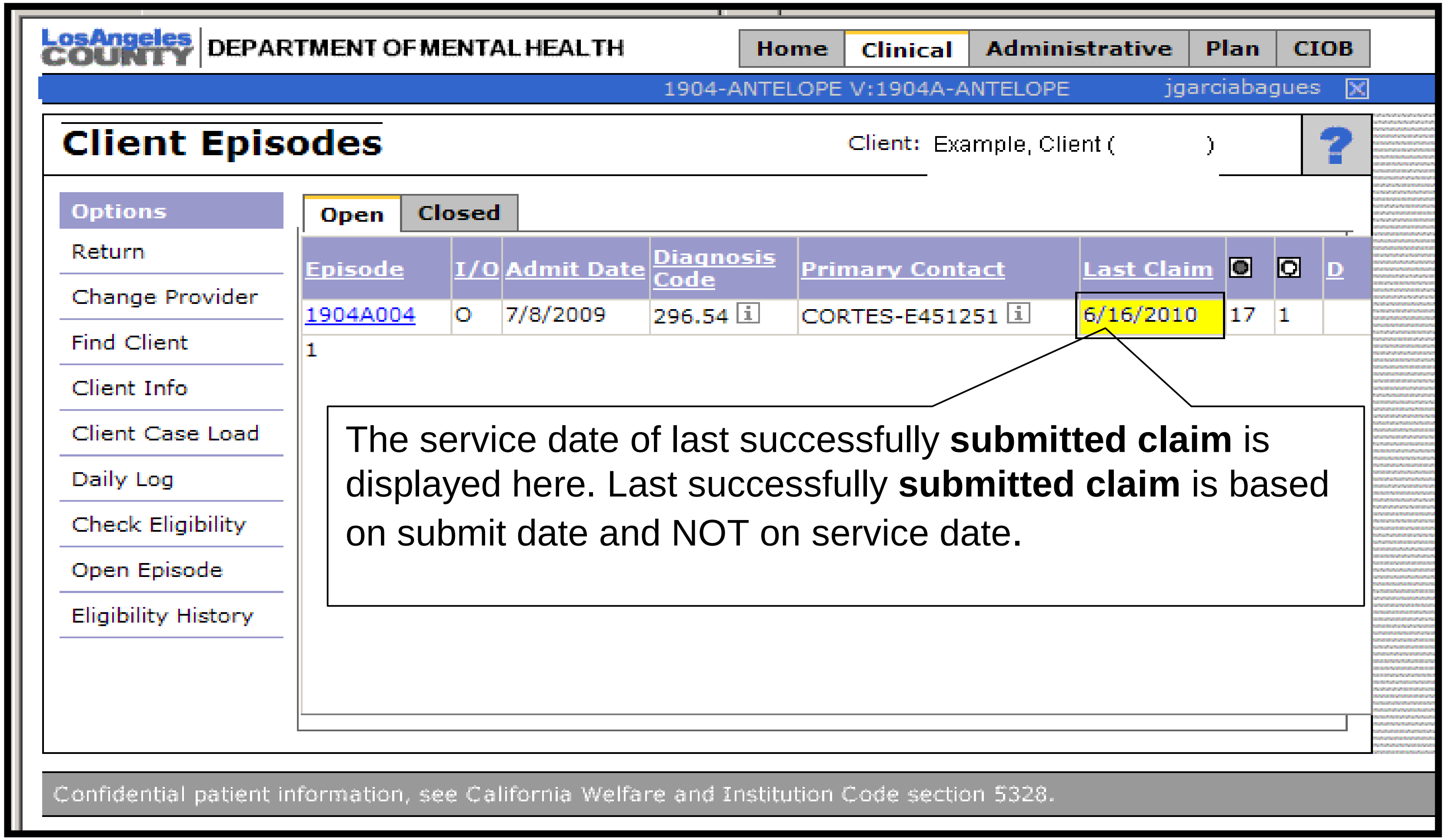
## Add Services

- Notes on Evidence Based Practice
- CP’s must use EBP code 2K - Impact

# Add Services



# Add Services



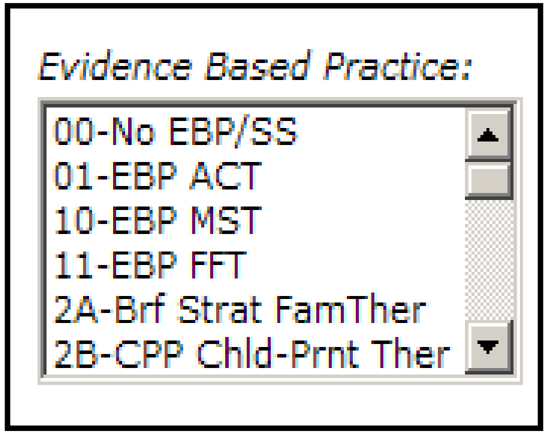
# Add Services

# Add Services

- What is Evidence-Based Practice/Service Strategies/PEI Services?

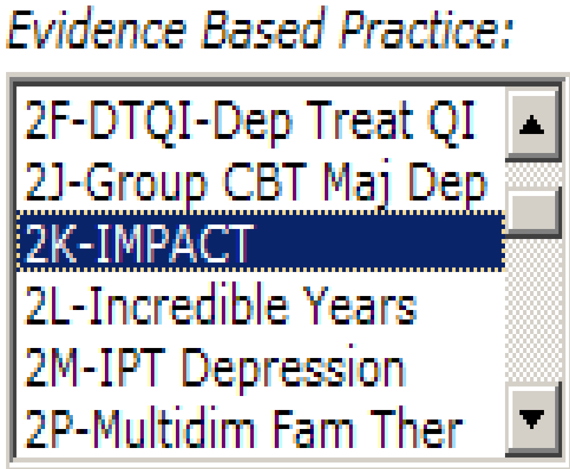
They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

# Add Services



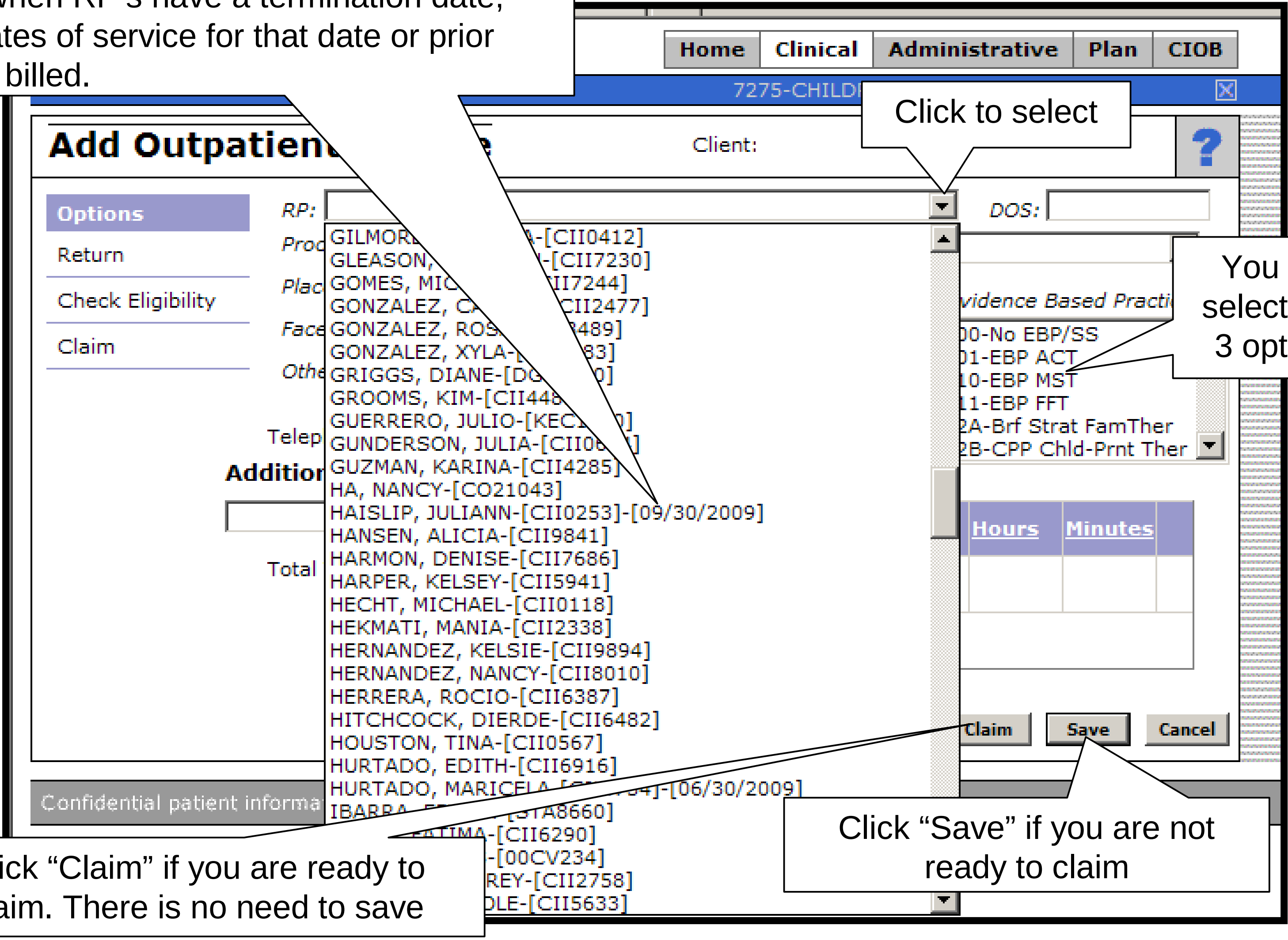

The system may allow you to select up to 3 options

CP's must use 2K Impact



# Add Services

Note: when RP's have a termination date, only dates of service for that date or prior can be billed.



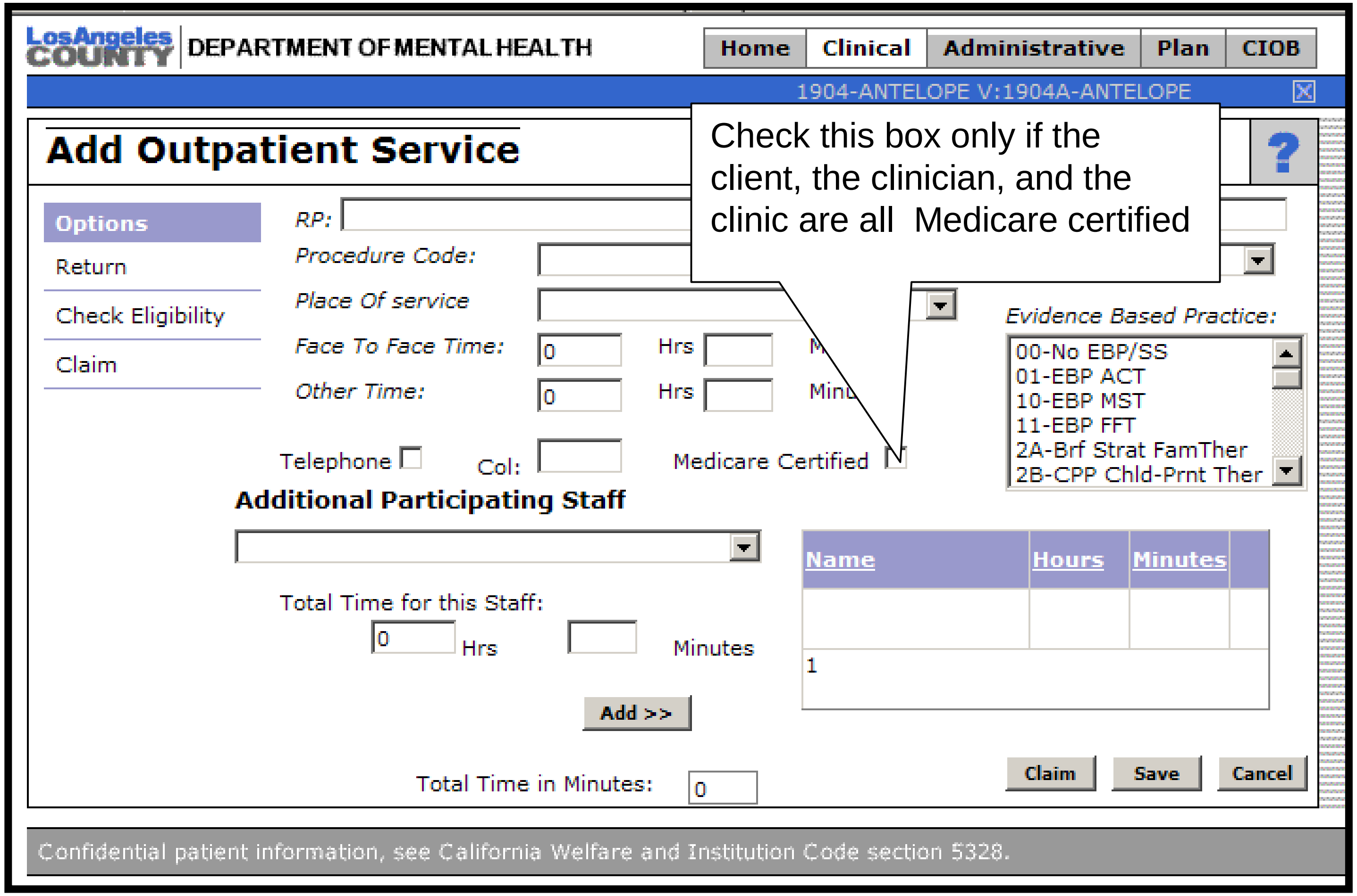

Click to select

You may select up to 3 options.

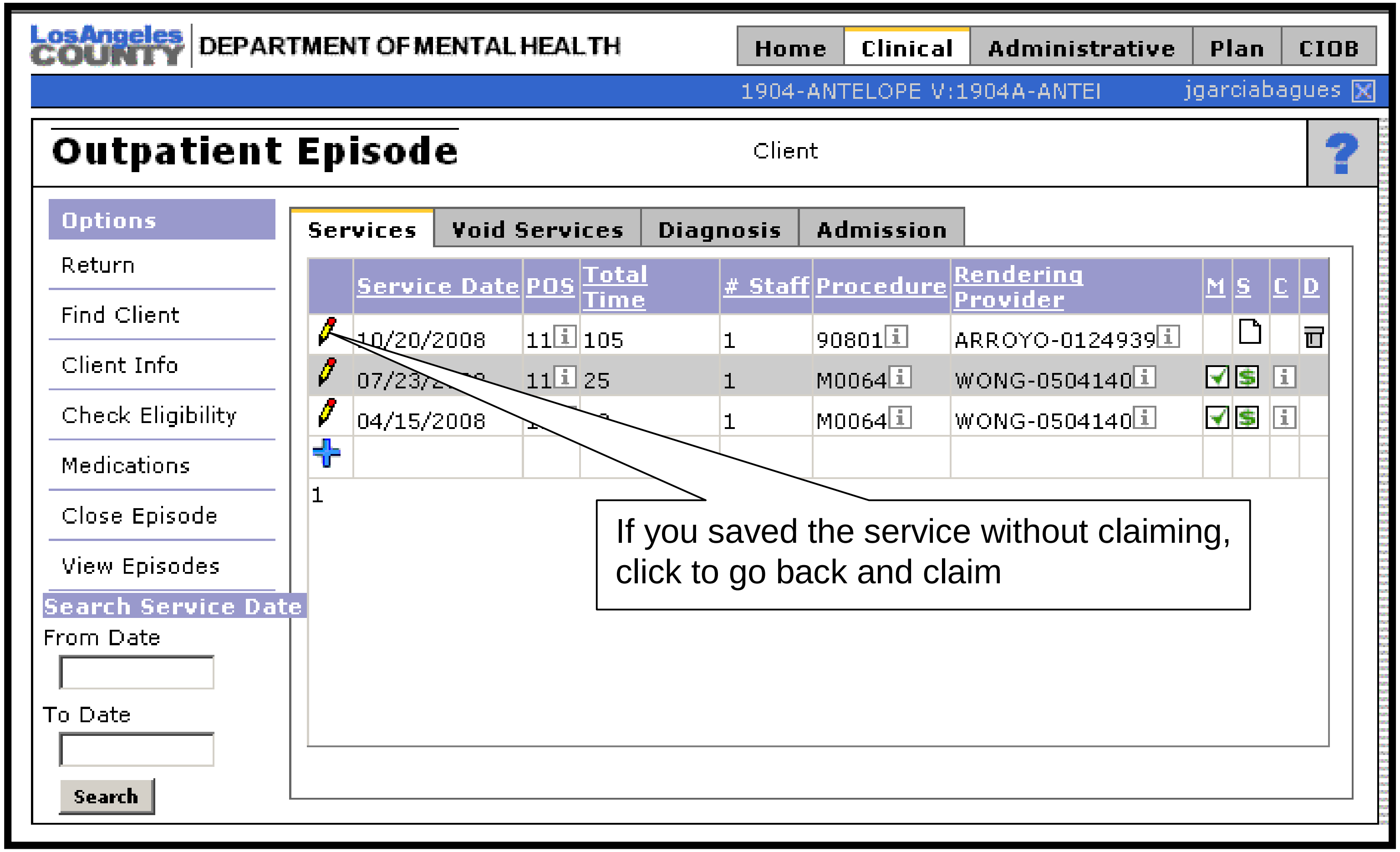
Click "Claim" if you are ready to claim. There is no need to save

Click "Save" if you are not ready to claim

# Add Services



# Add Services

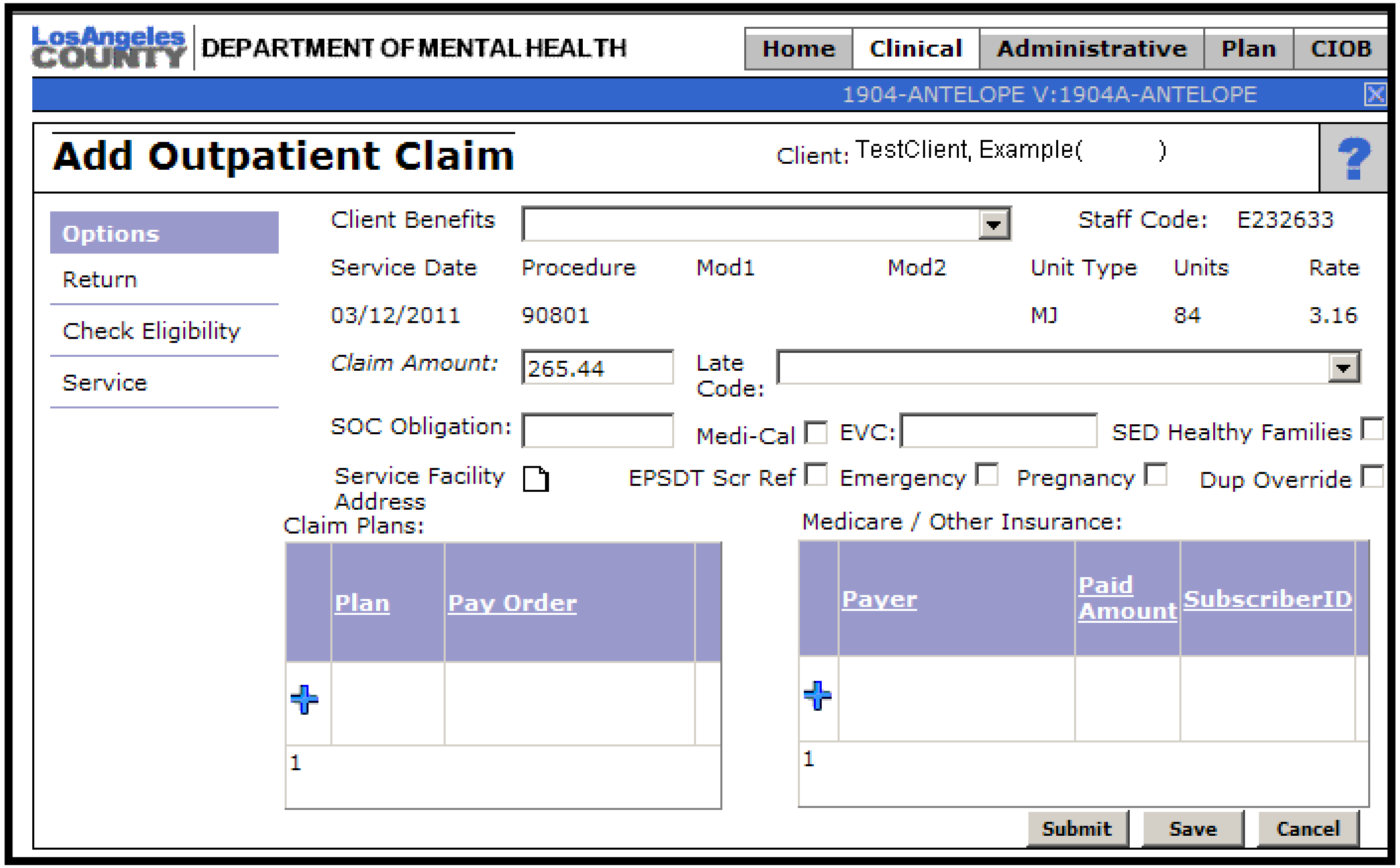


# EXERCISE 10

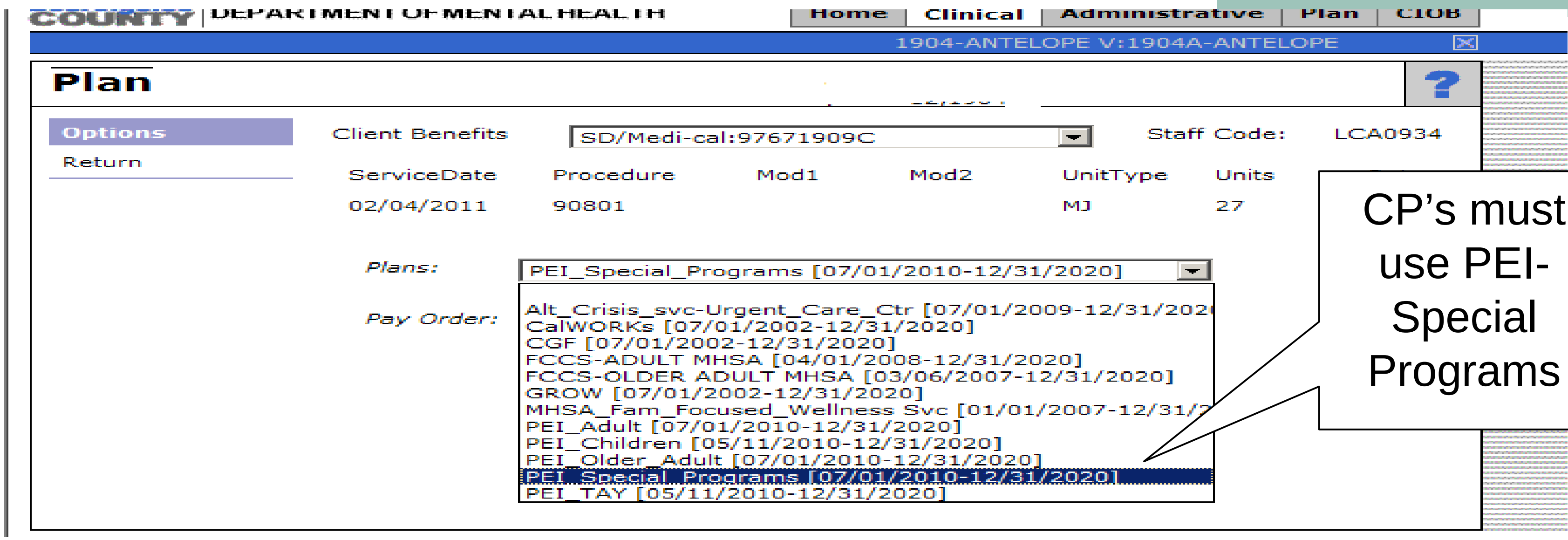
## Add a Claim:

- Add a Plan
- Add Payers
- Claim Status Icons under “S” Column in Episode Screen
- CP’s must use Plan PEI-Special Programs

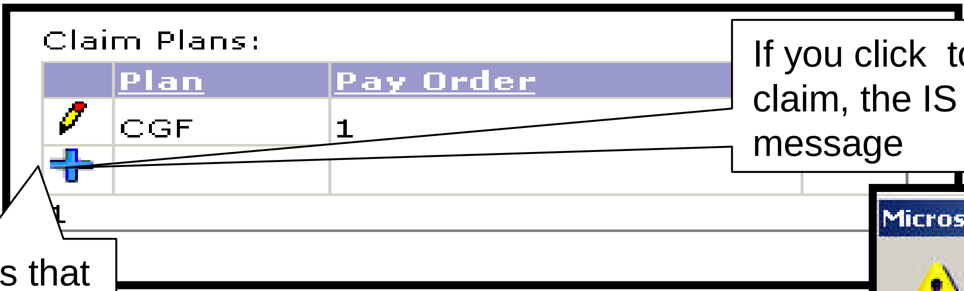
# Add a Claim: Add a Plan



# Add a Claim: Add a Plan



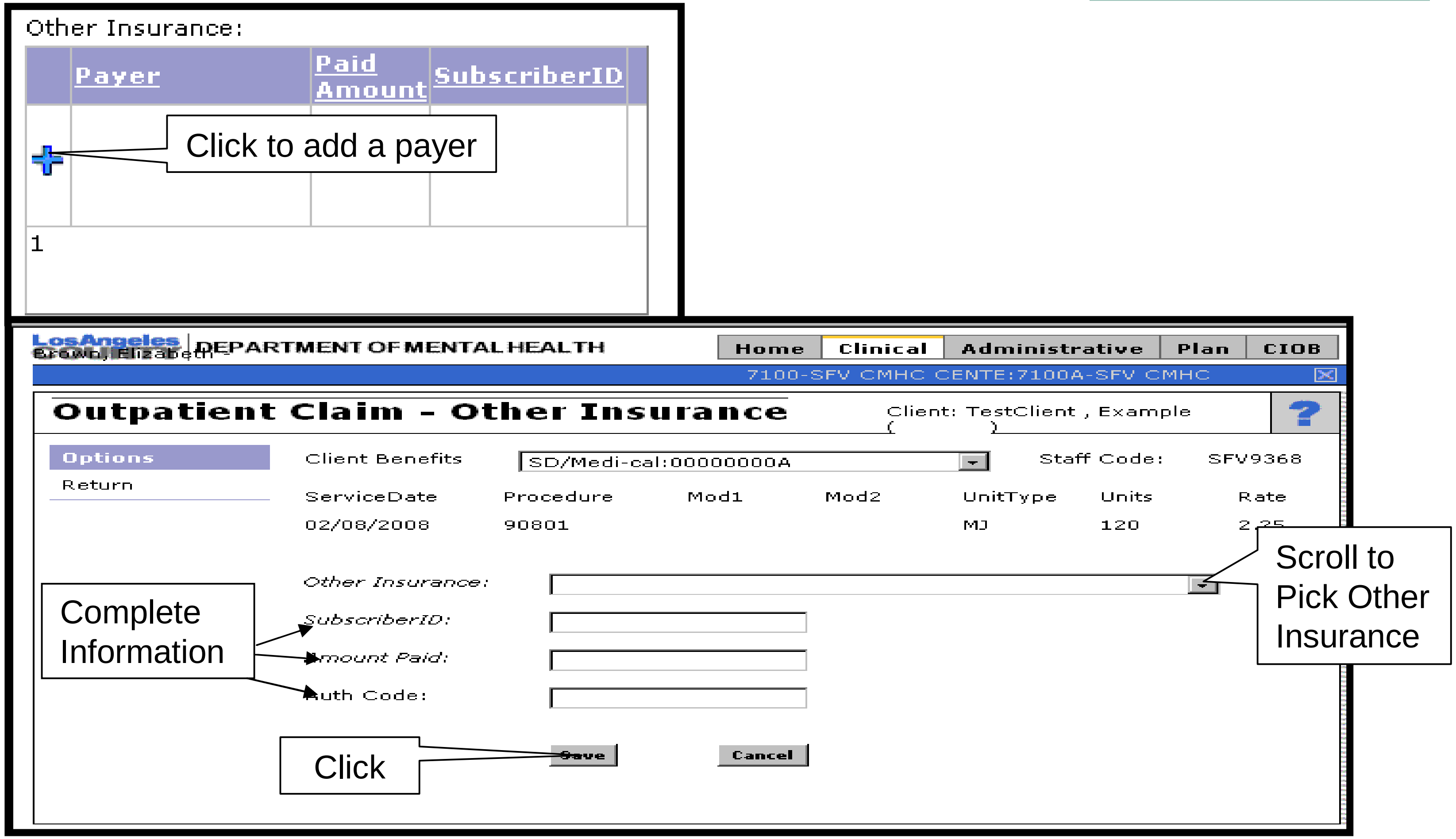

CP's must use PEI-Special Programs



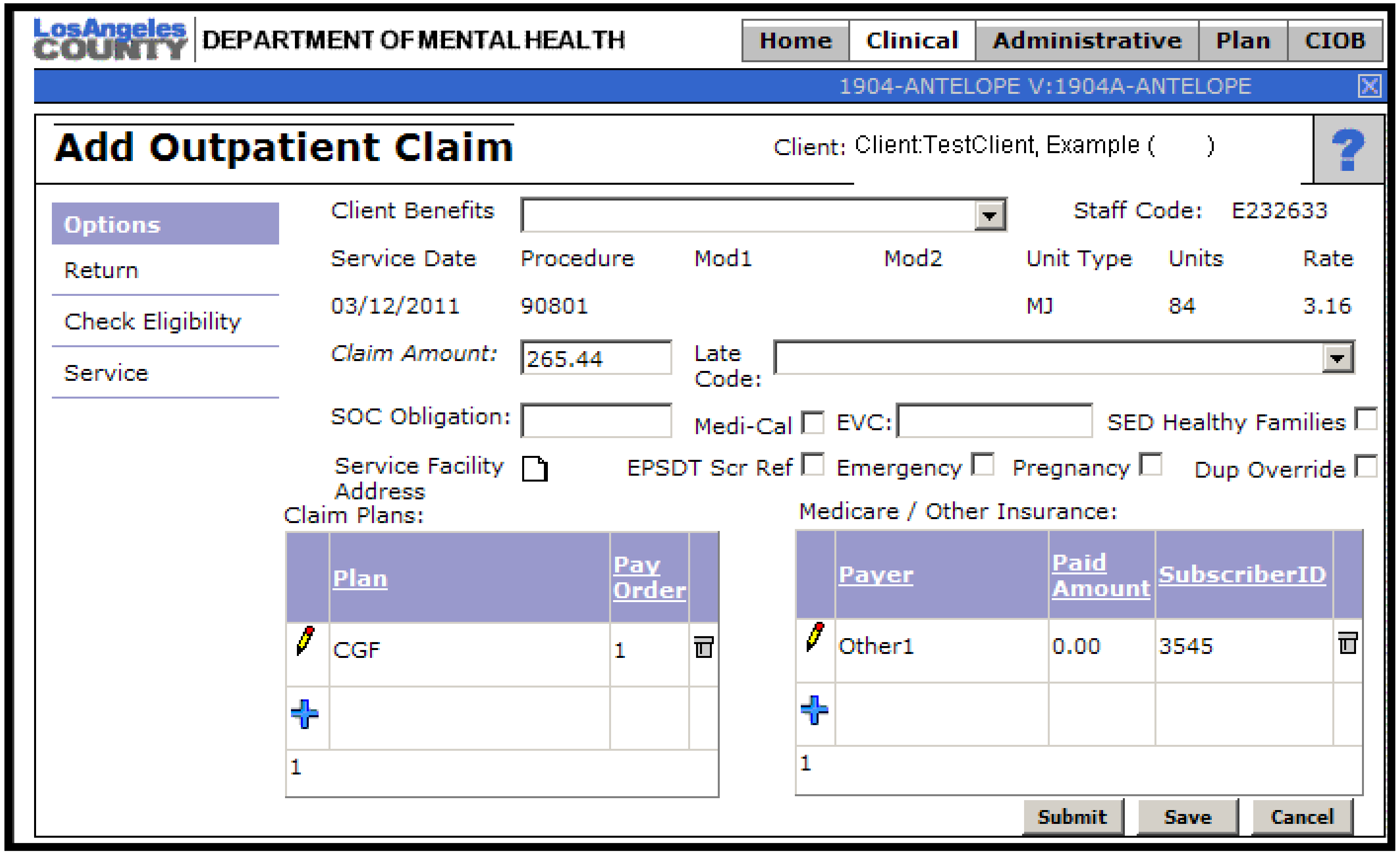

If you click to add a second plan per claim, the IS will generate this error message


This means that your plan was added

# Add a Claim: Add a Payer

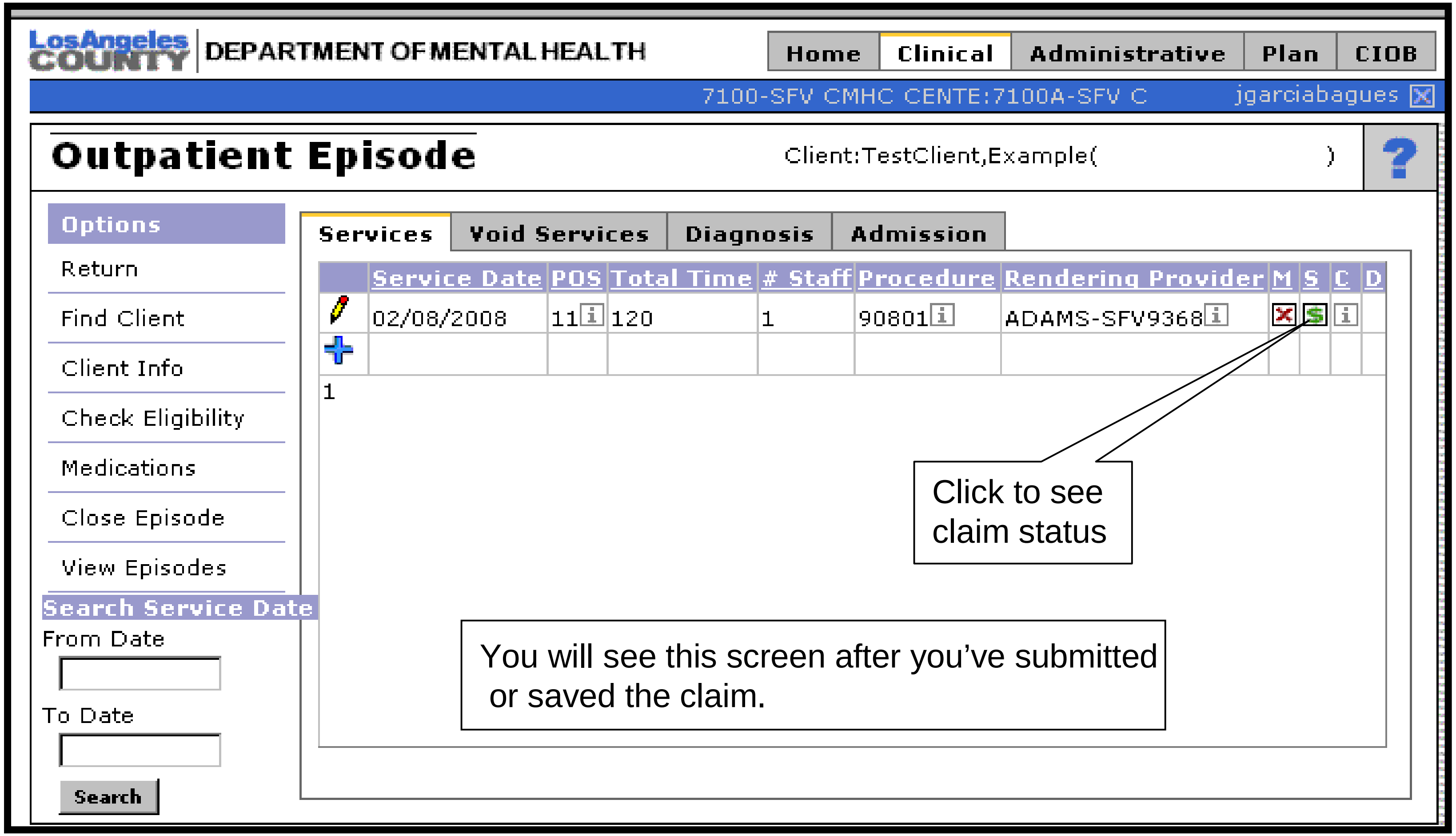


# Add a Claim

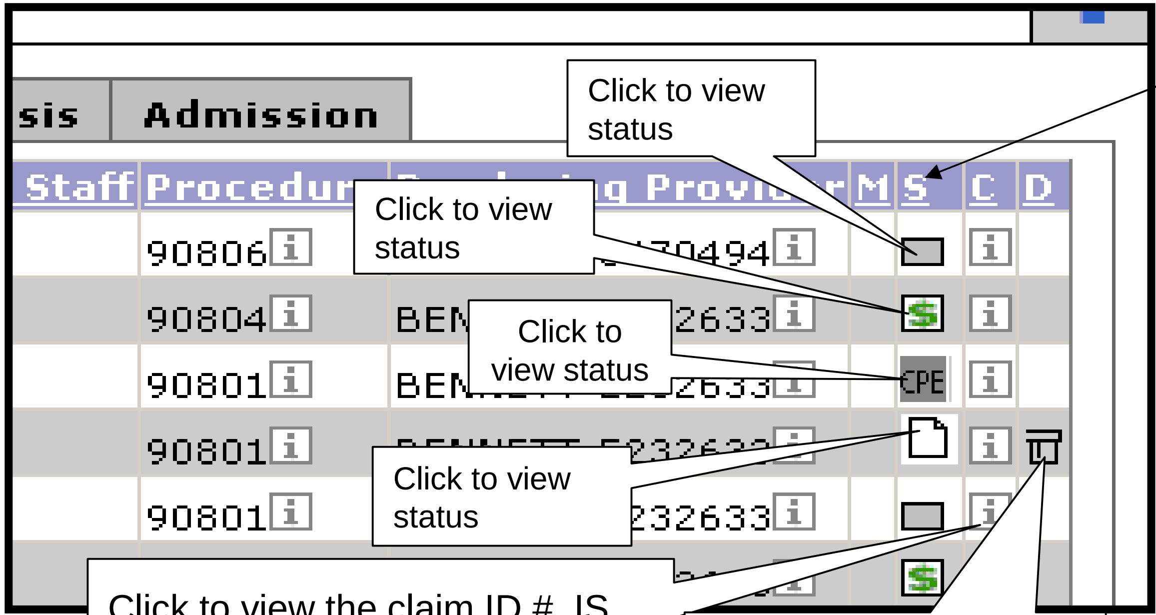


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
1904-ANTELOPE V:1904A-ANTELOPE
Add Outpatient Claim
Client: Client:TestClient, Example ( )
Options
Return
Check Eligibility
Service
Client Benefits
Staff Code: E232633
Service Date
Procedure
Mod1
Mod2
Unit Type
Units
Rate
03/12/2011
90801
MJ
84
3.16
Claim Amount: 265.44
Late Code:
SOC Obligation:
Medi-Cal
EVC:
SED Healthy Families
Service Facility Address
EPSDT Scr Ref
Emergency
Pregnancy
Dup Override
Claim Plans:
Plan
Pay Order
CGF
1
1
Medicare / Other Insurance:
Payer
Paid Amount
SubscriberID
Other1
0.00
3545
1
Submit
Save
Cancel

# Add a Claim


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
7100-SFV CMHC CENTE:7100A-SFV C
jgarciabagues
Outpatient Episode
Client:TestClient,Example(
)
Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search
Services
Void Services
Diagnosis
Admission
Service Date
POS
Total Time
# Staff
Procedure
Rendering Provider
M
S
C
D
02/08/2008
11
120
1
90801
ADAMS-SFV9368
1
Click to see claim status
You will see this screen after you've submitted or saved the claim.

# Claim Status Icons Under "S" Column in Episode Screen




Click to view status

Click to view status

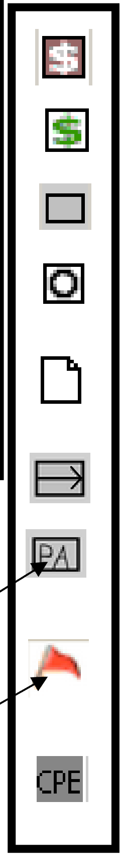
Click to view status

Click to view status

Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.




**Claim Status Icon under 'S" column in the Episode Screen**

(Red) Denied Claim

(Green) Approved

Pending

Claim Saved, not yet Submitted

Service Saved, not yet Claimed

Forwarded

Pending Adjudication

Submitted

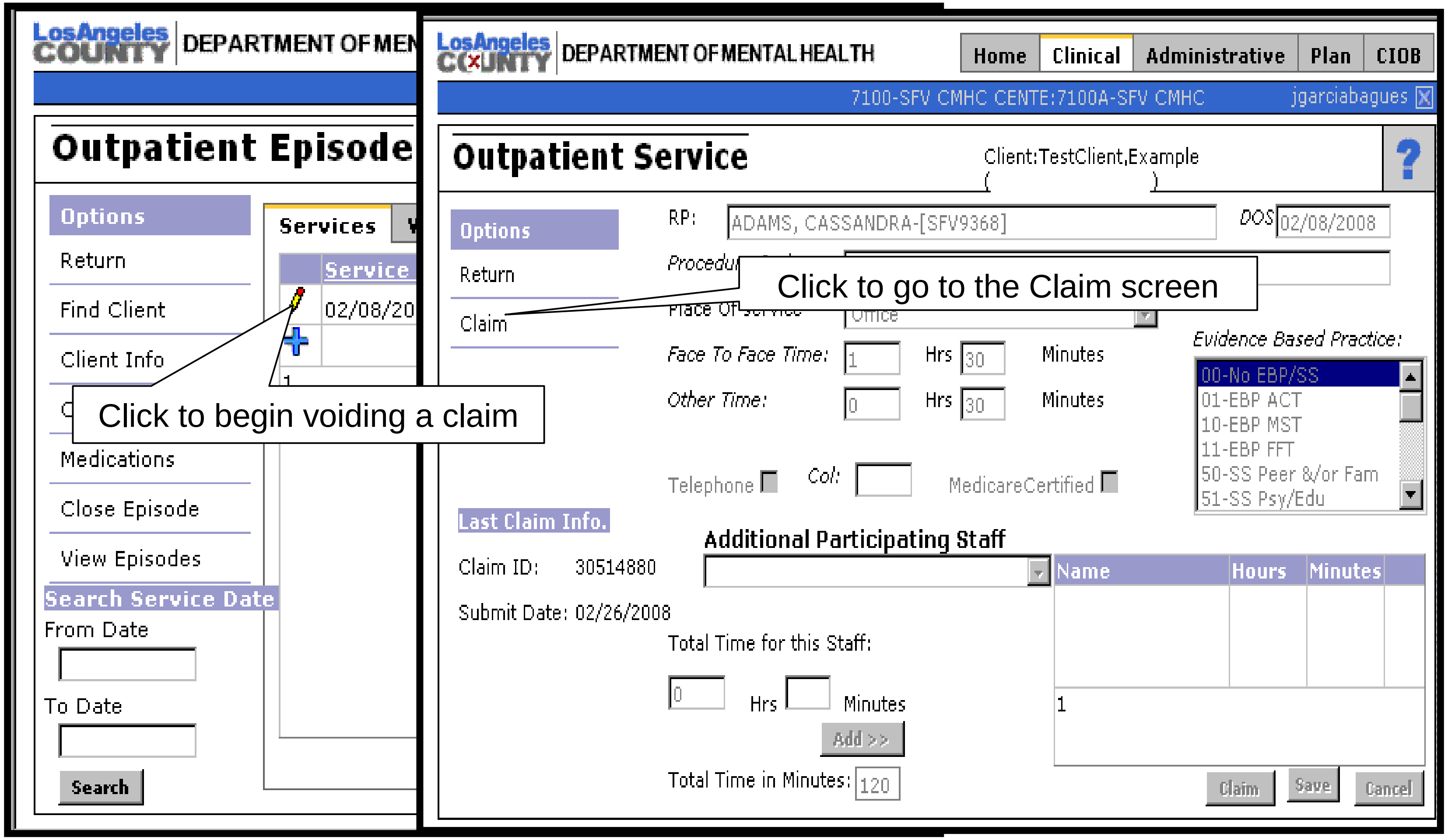
Pending CPE

# EXERCISE 11

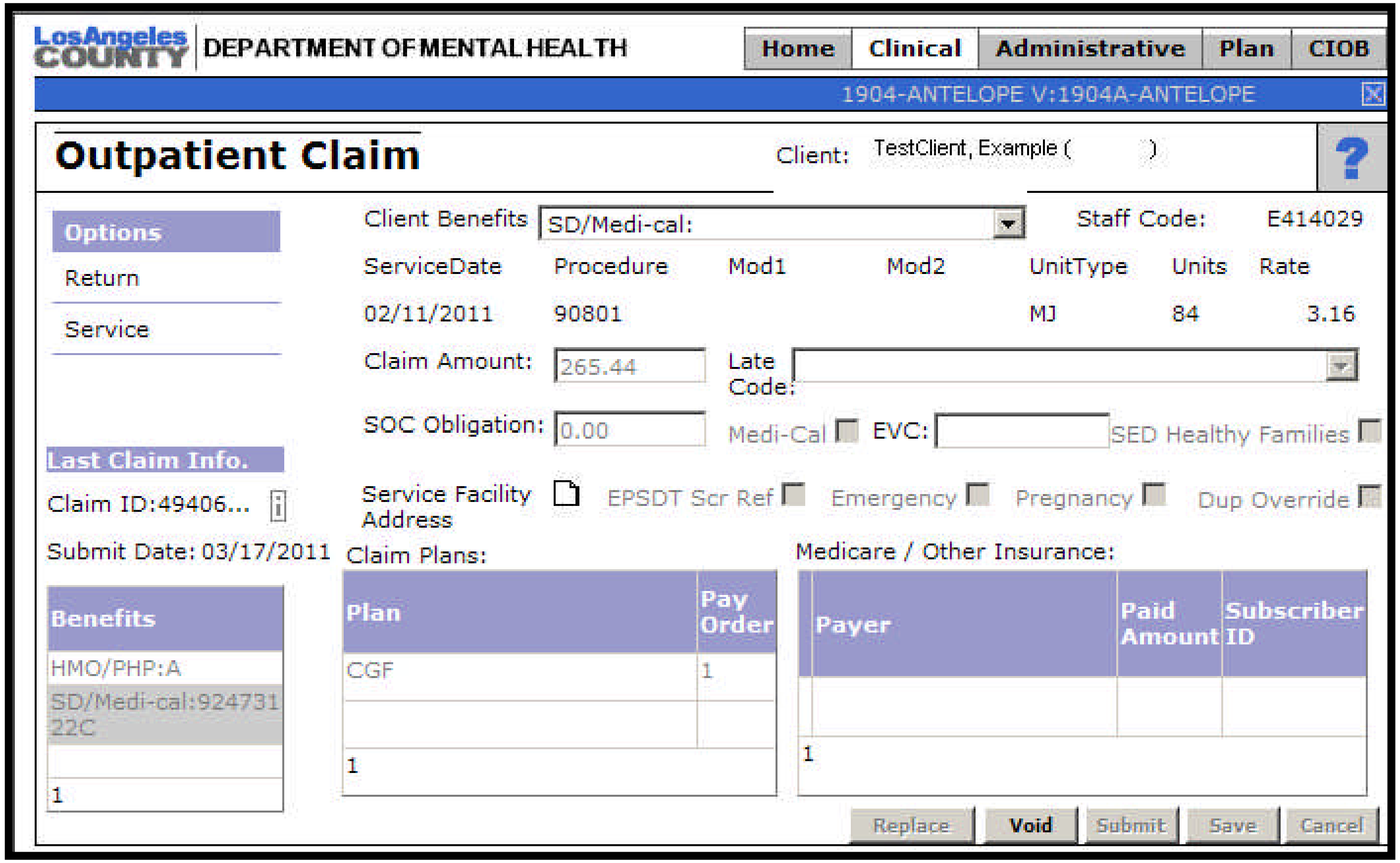
## Void and Replace:

- Void a Claim
- Replace a Claim

# Void Claims

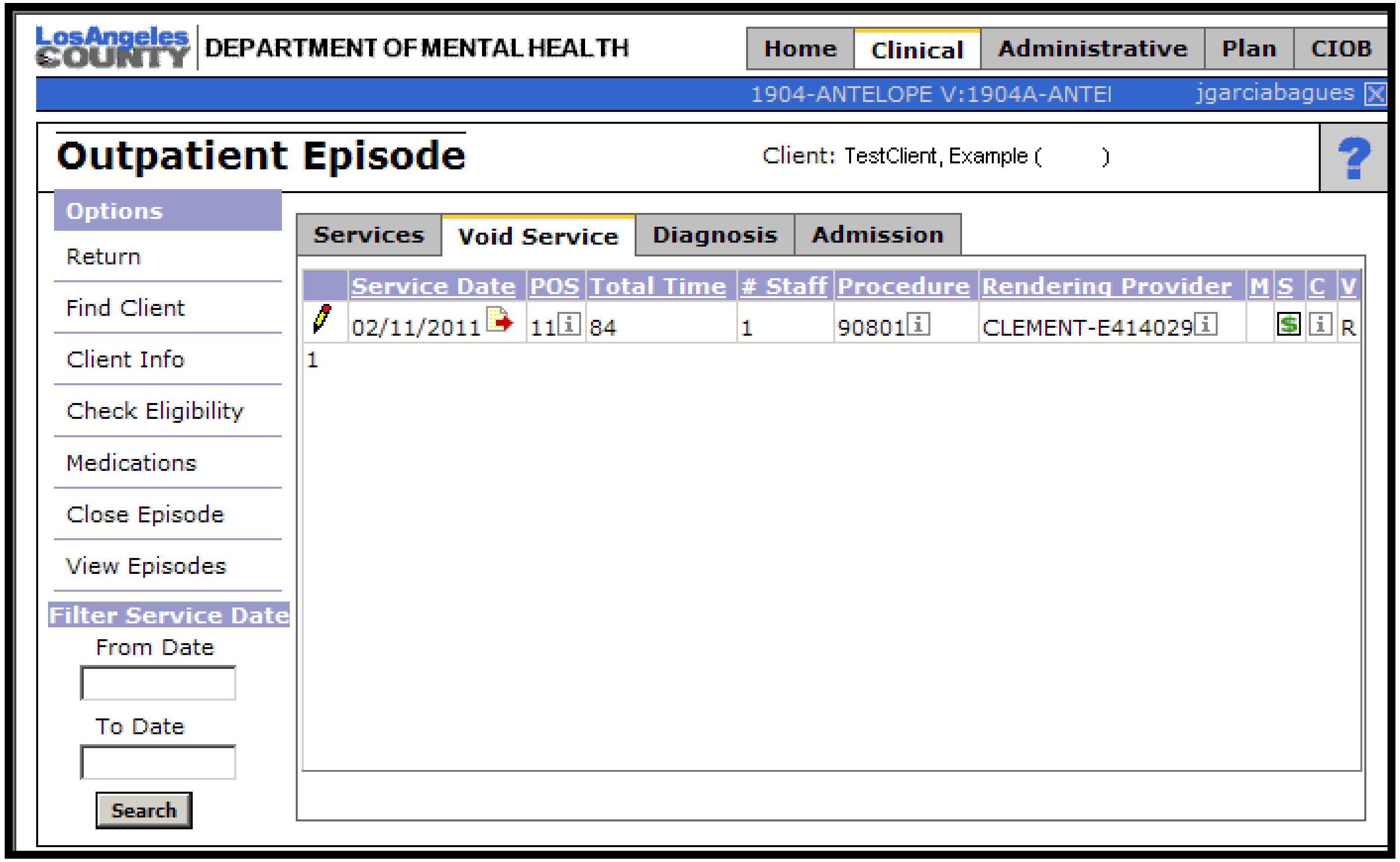

Click to go to the Claim screen
Click to begin voiding a claim
DEPARTMENT OF MENTAL HEALTH
Outpatient Episode
Outpatient Service
Options
Return
Find Client
Client Info
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search
Claim
Client:TestClient,Example
RP:
ADAMS, CASSANDRA-[SFV9368]
DOS 02/08/2008
Face To Face Time:
Other Time:
Evidence Based Practice:
Last Claim Info.
Claim ID: 30514880
Submit Date: 02/26/2008
Additional Participating Staff
Total Time for this Staff:
Total Time in Minutes: 120

# Void Claims

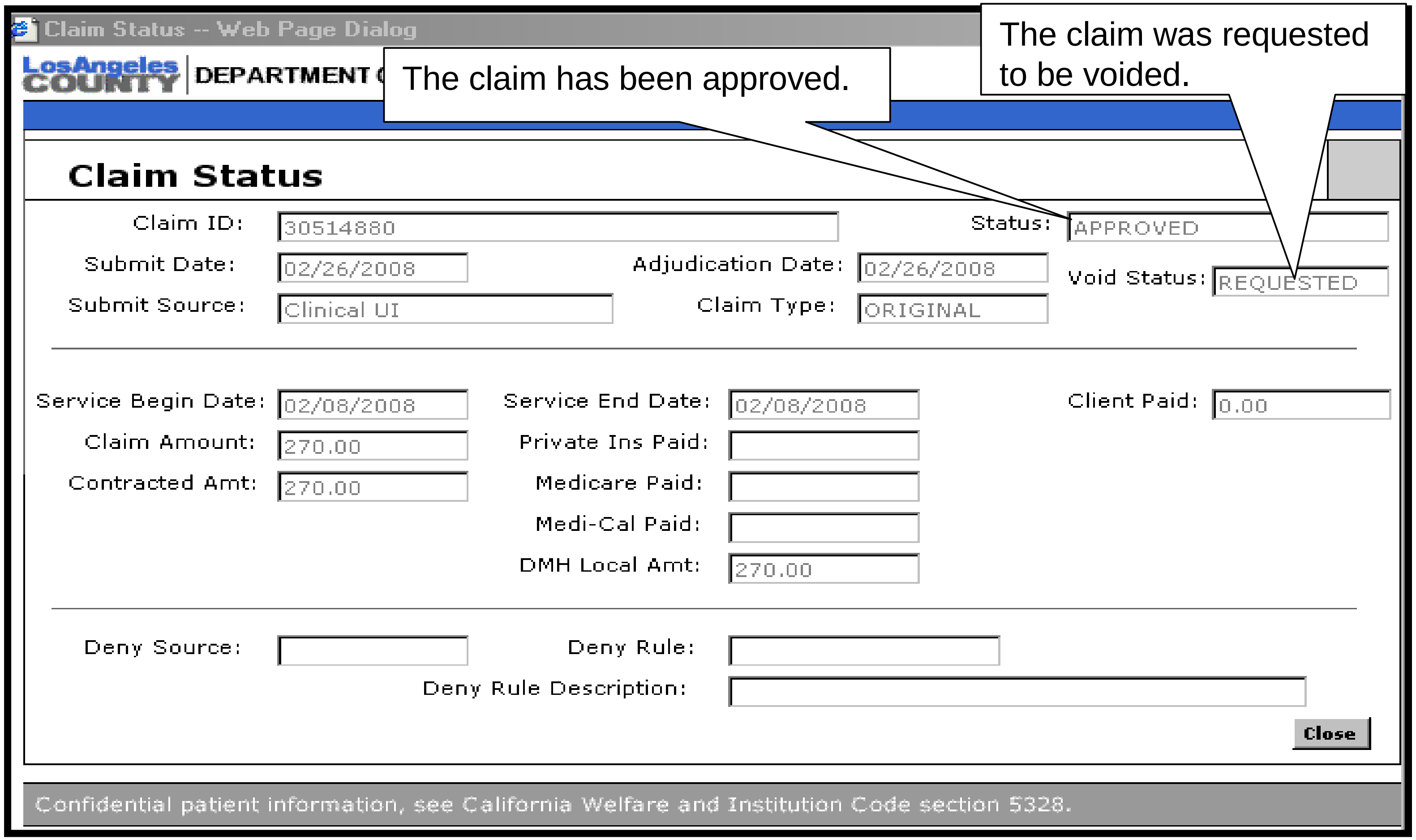


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
1904-ANTELOPE V:1904A-ANTELOPE
Outpatient Claim
Client: TestClient, Example ( )
Options
Return
Service
Last Claim Info.
Claim ID:49406...
Submit Date: 03/17/2011
Client Benefits SD/Medi-cal:
Staff Code: E414029
ServiceDate Procedure Mod1 Mod2 UnitType Units Rate
02/11/2011 90801 MJ 84 3.16
Claim Amount: 265.44
Late Code:
SOC Obligation: 0.00
Medi-Cal
EVC:
SED Healthy Families
Service Facility Address
EPSDT Scr Ref
Emergency
Pregnancy
Dup Override
Claim Plans:
Medicare / Other Insurance:
Benefits
HMO/PHP:A
SD/Medi-cal:924731 22C
1
Plan
Pay Order
CGF
1
1
Payer
Paid Amount
Subscriber ID
1
Replace
Void
Submit
Save
Cancel

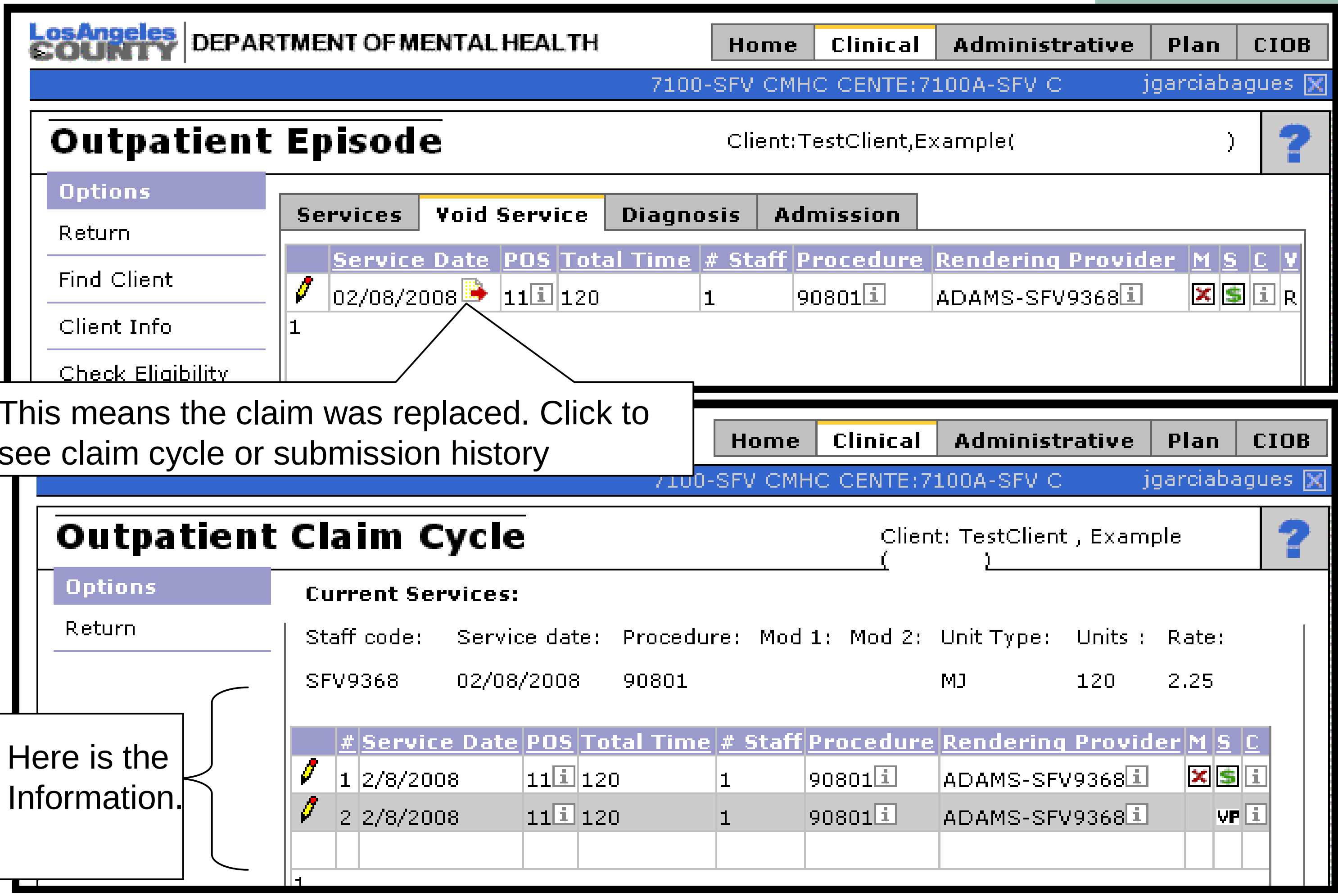
# Void Claims


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
1904-ANTELOPE V:1904A-ANTEI
jgarciabagues
Outpatient Episode
Client: TestClient, Example ( )
Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Filter Service Date
From Date
To Date
Search
Services
Void Service
Diagnosis
Admission
Service Date
POS
Total Time
# Staff
Procedure
Rendering Provider
M
S
C
V
02/11/2011
11
84
1
90801
CLEMENT-E414029
R
1

# Void Claims


Claim Status -- Web Page Dialog
LosAngeles COUNTY
DEPARTMENT
The claim has been approved.
The claim was requested to be voided.
Claim Status
Claim ID: 30514880
Status: APPROVED
Submit Date: 02/26/2008
Adjudication Date: 02/26/2008
Void Status: REQUESTED
Submit Source: Clinical UI
Claim Type: ORIGINAL
Service Begin Date: 02/08/2008
Service End Date: 02/08/2008
Client Paid: 0.00
Claim Amount: 270.00
Private Ins Paid:
Contracted Amt: 270.00
Medicare Paid:
Medi-Cal Paid:
DMH Local Amt: 270.00
Deny Source:
Deny Rule:
Deny Rule Description:
Close
Confidential patient information, see California Welfare and Institution Code section 5328.

# Void Claims

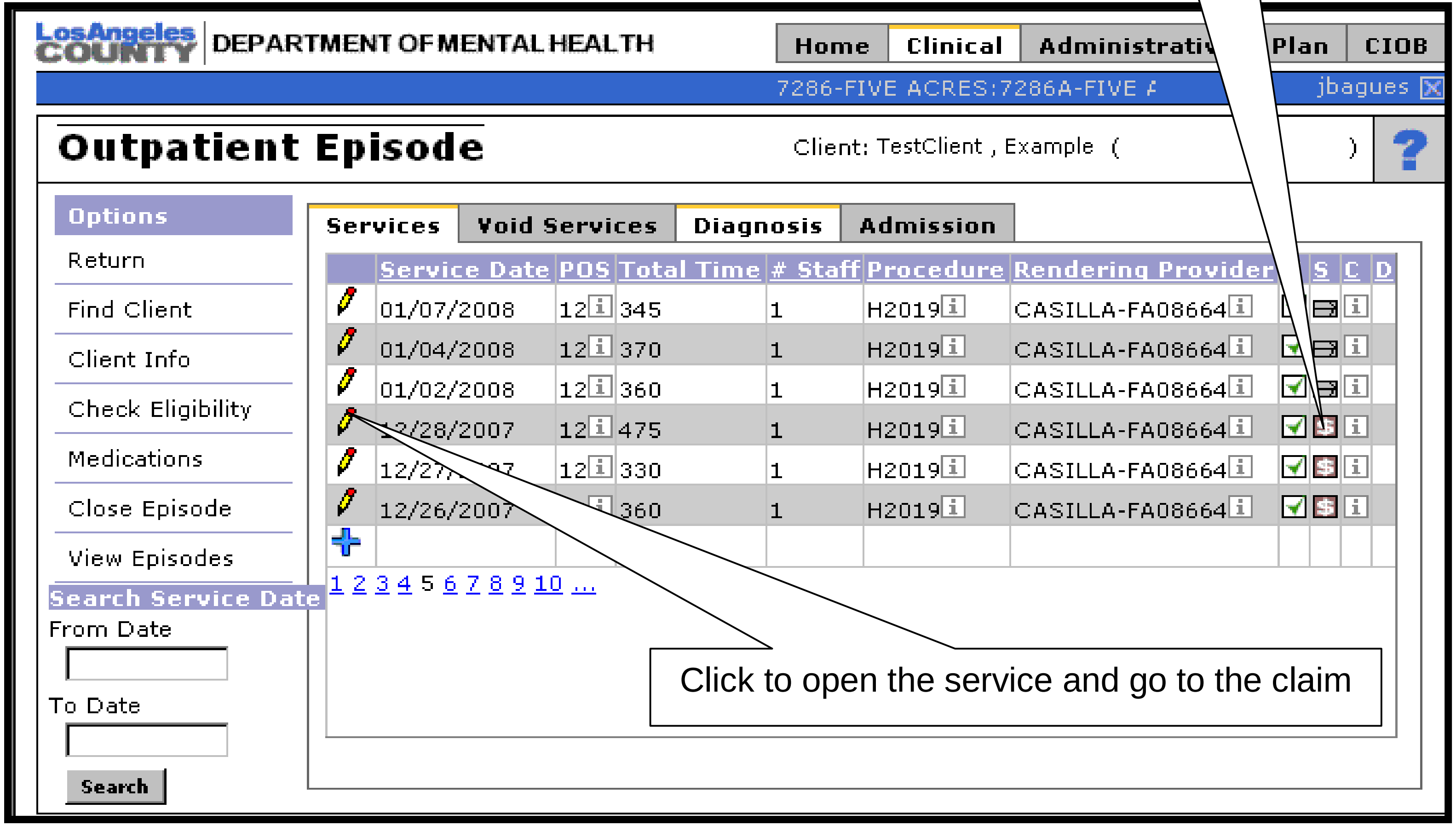



This means the claim was replaced. Click to see claim cycle or submission history

Here is the Information.

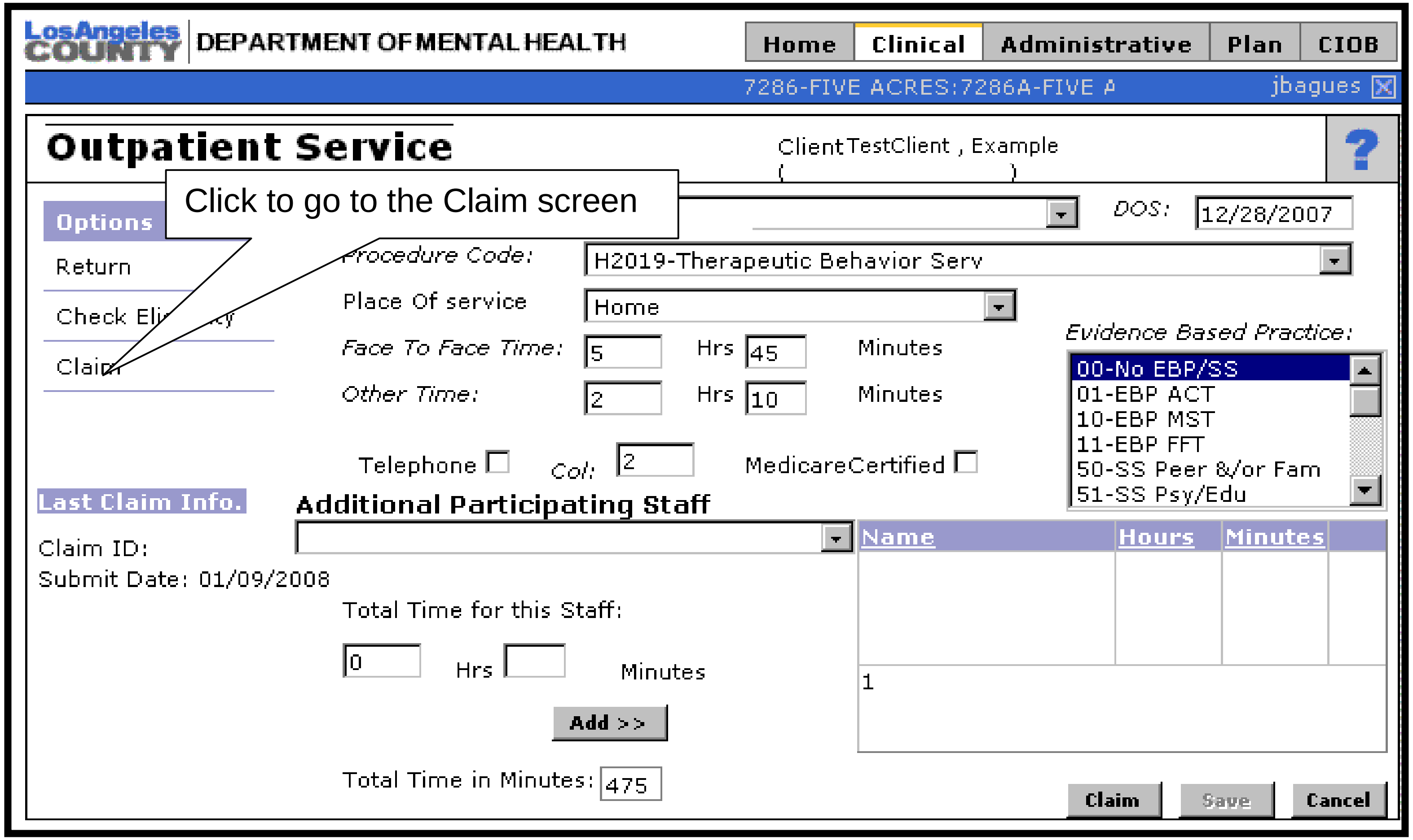
# Replace Claims

This means the claim is denied and can be replaced.

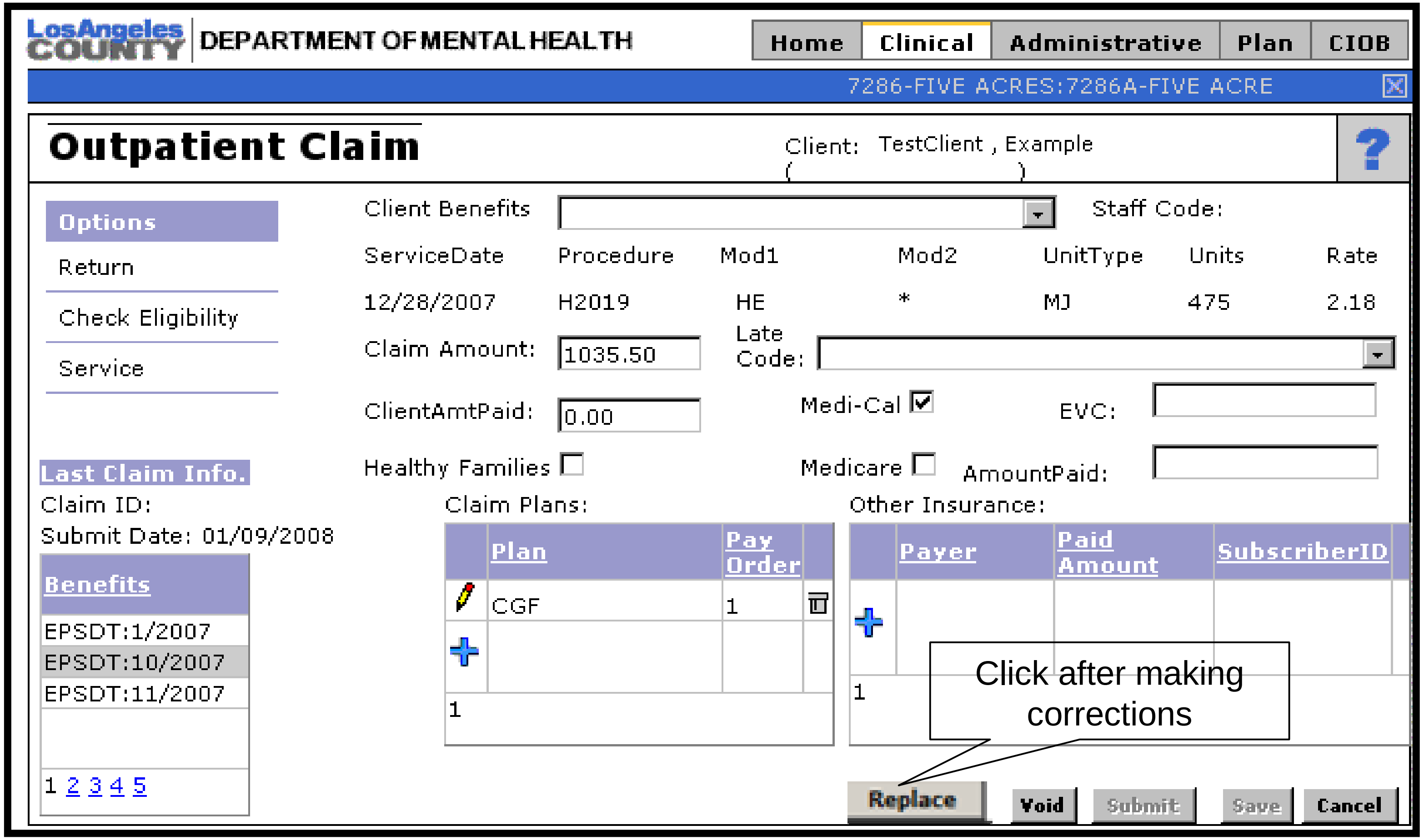



Click to open the service and go to the claim

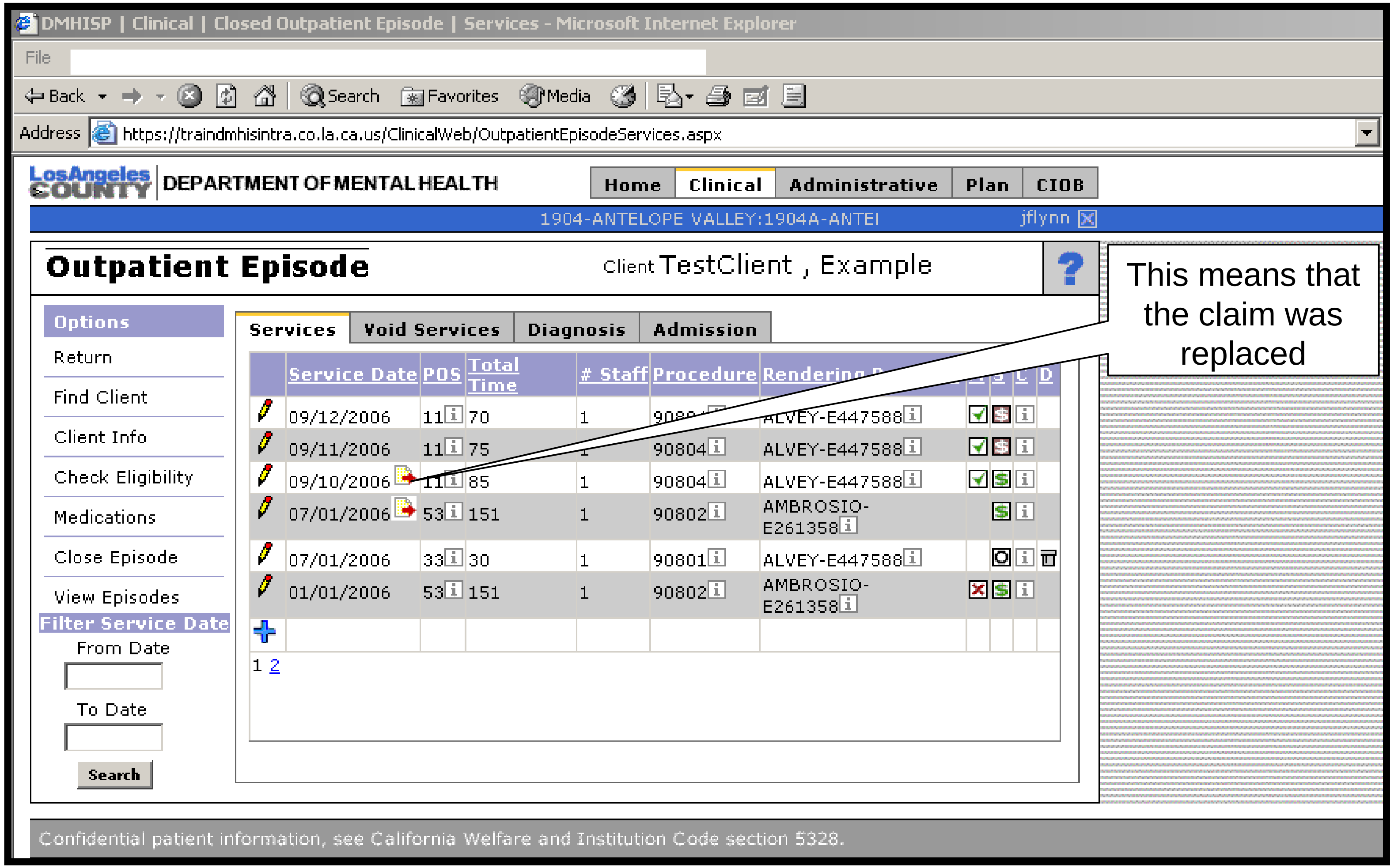
# Replace Claims



# Replace Claims

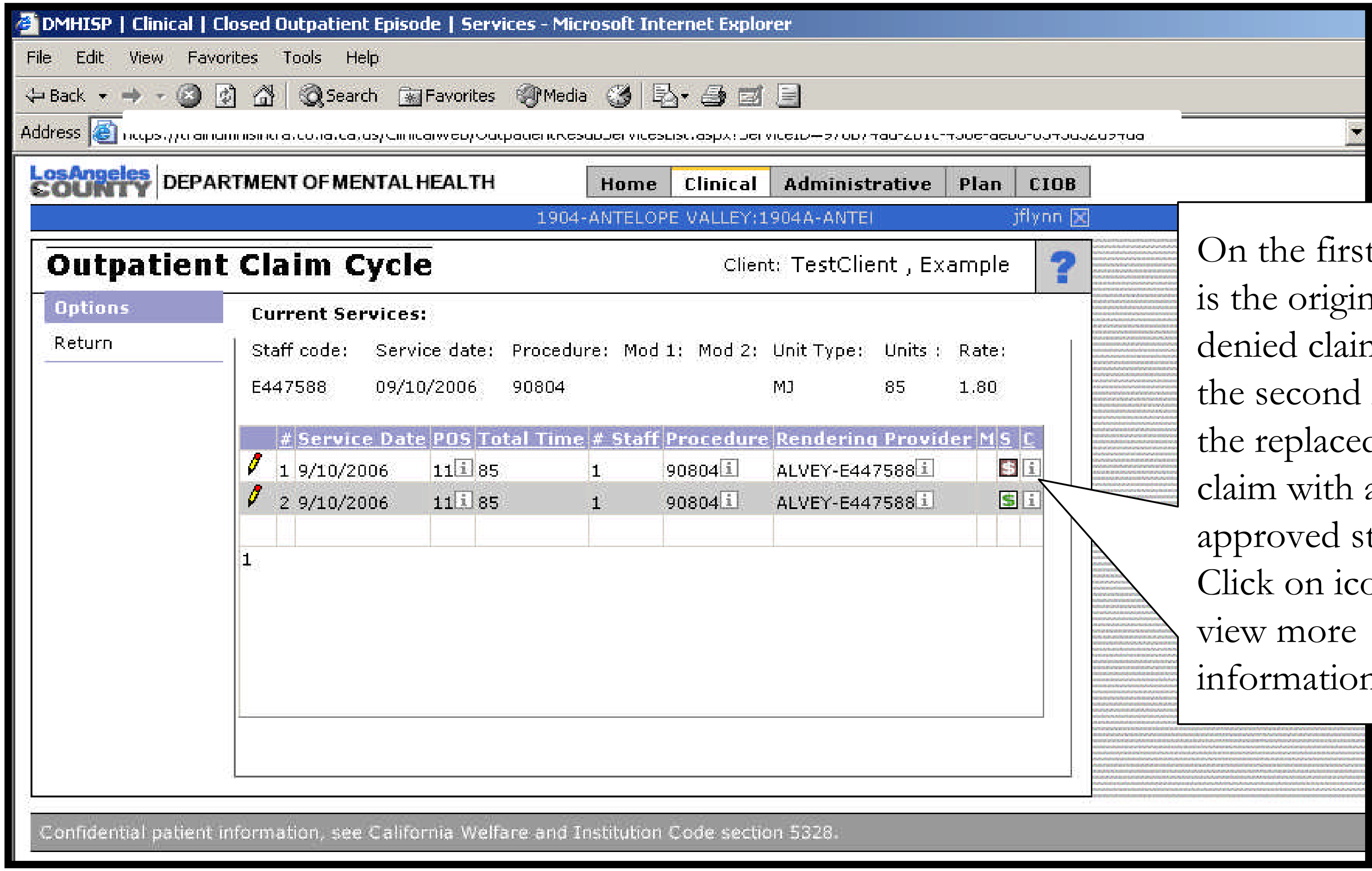


# Replace Claims




This means that the claim was replaced

# Replace Claims

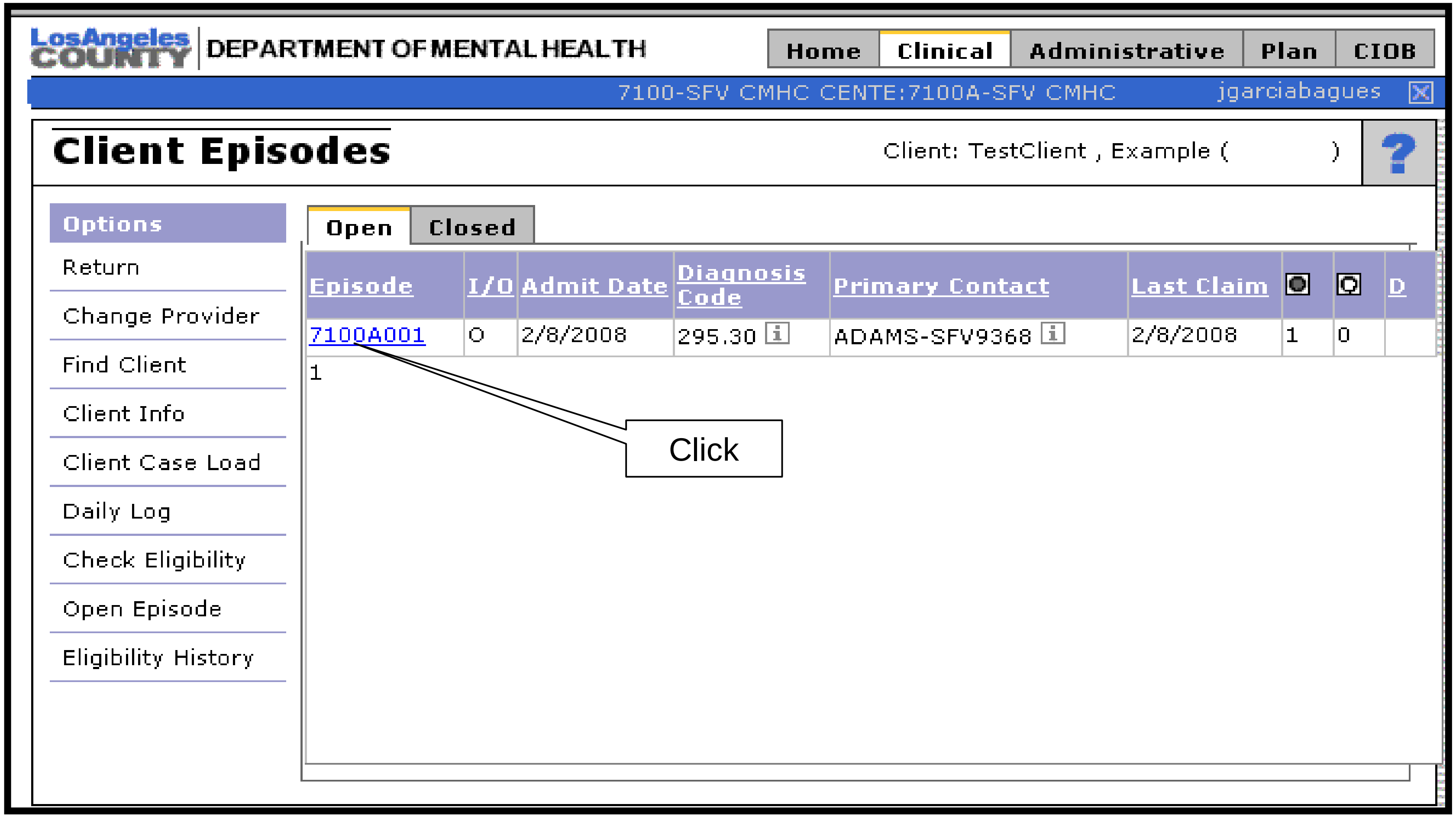



On the first line is the original denied claim. On the second line is the replaced claim with an approved status. Click on icons to view more information

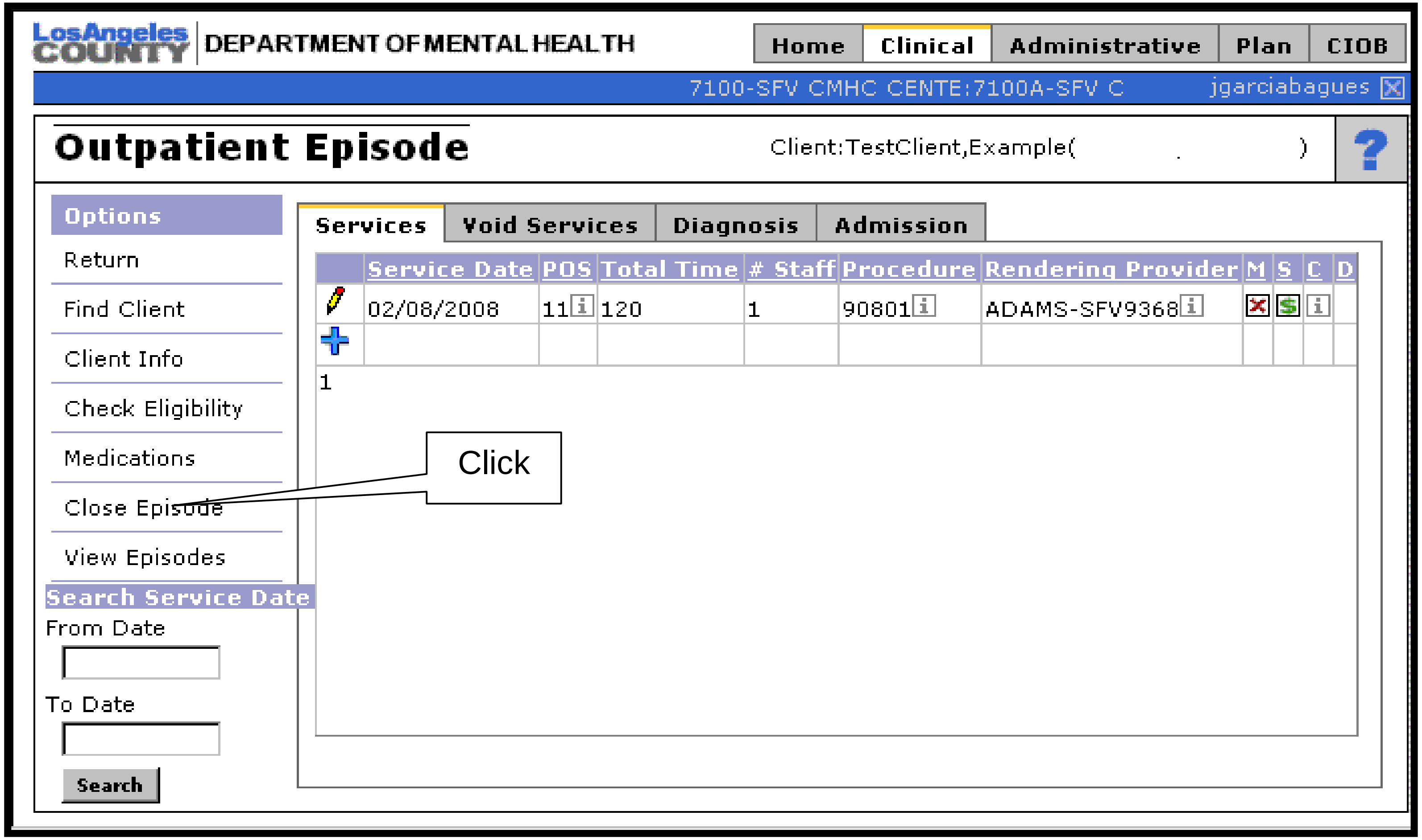
# EXERCISE 12

## Close an Episode

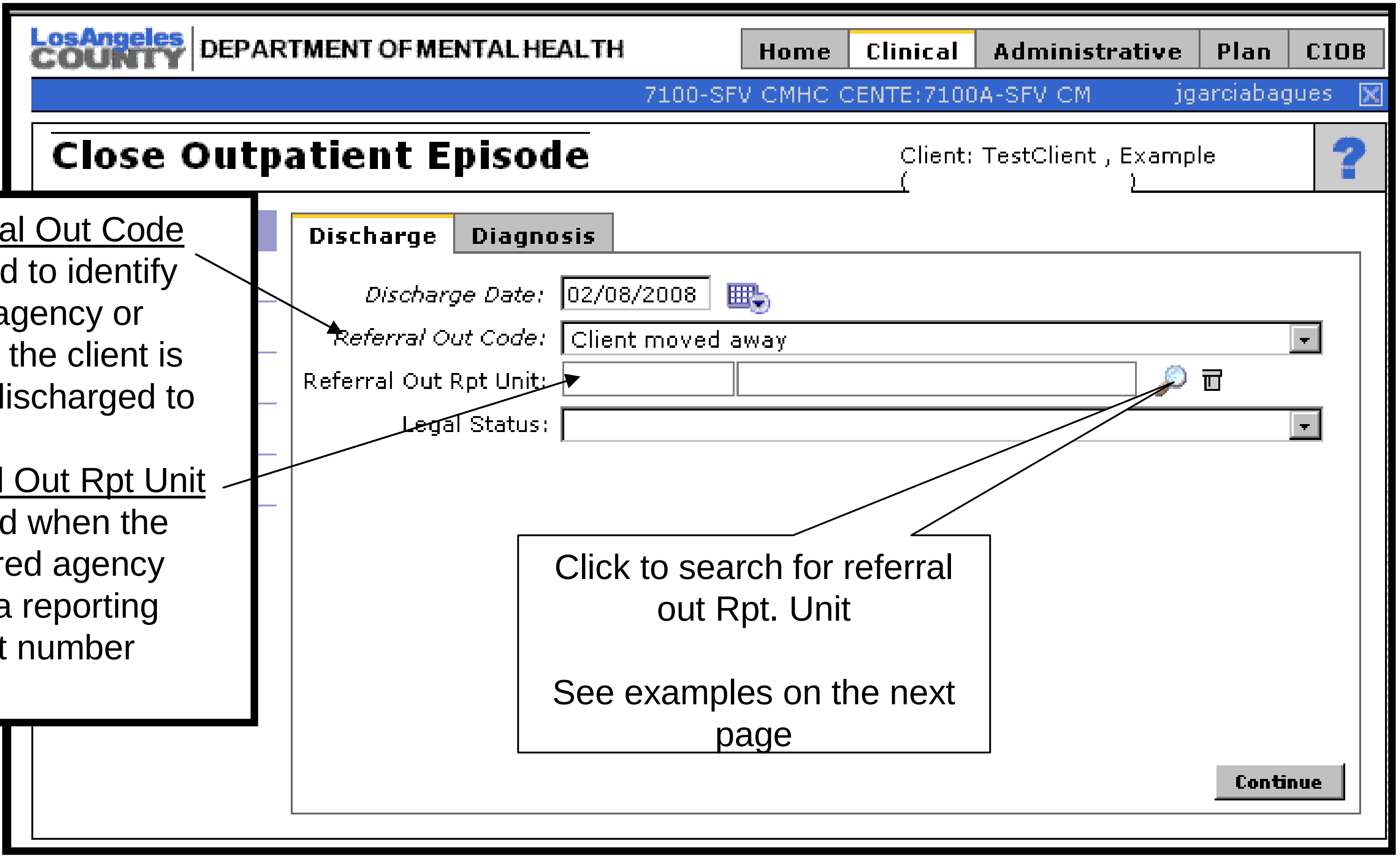
# Close an Episode



# Close an Episode



# Close an Episode



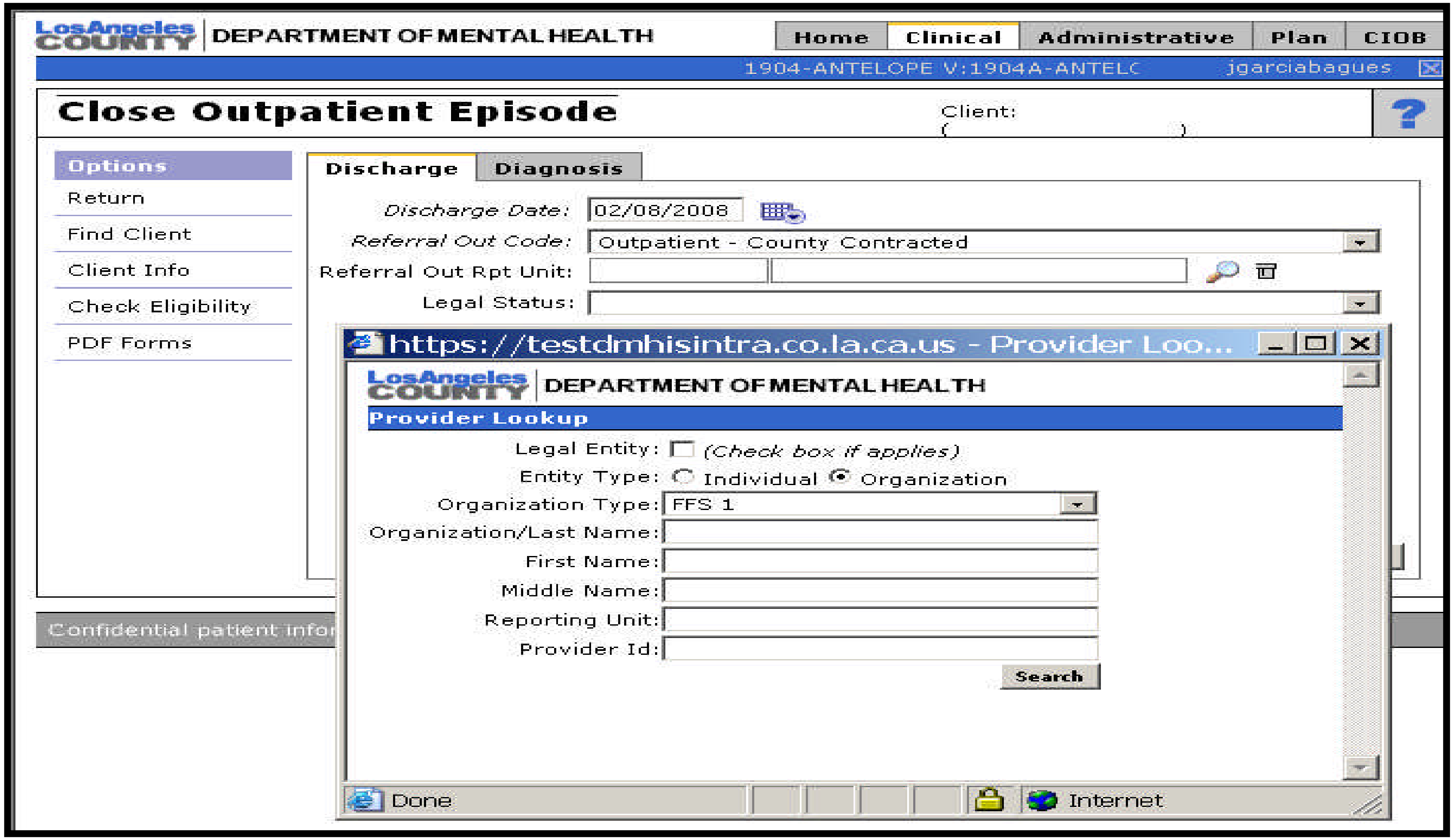

Referral Out Code is used to identify the agency or person the client is being discharged to

Referral Out Rpt Unit is used when the referred agency has a reporting unit number

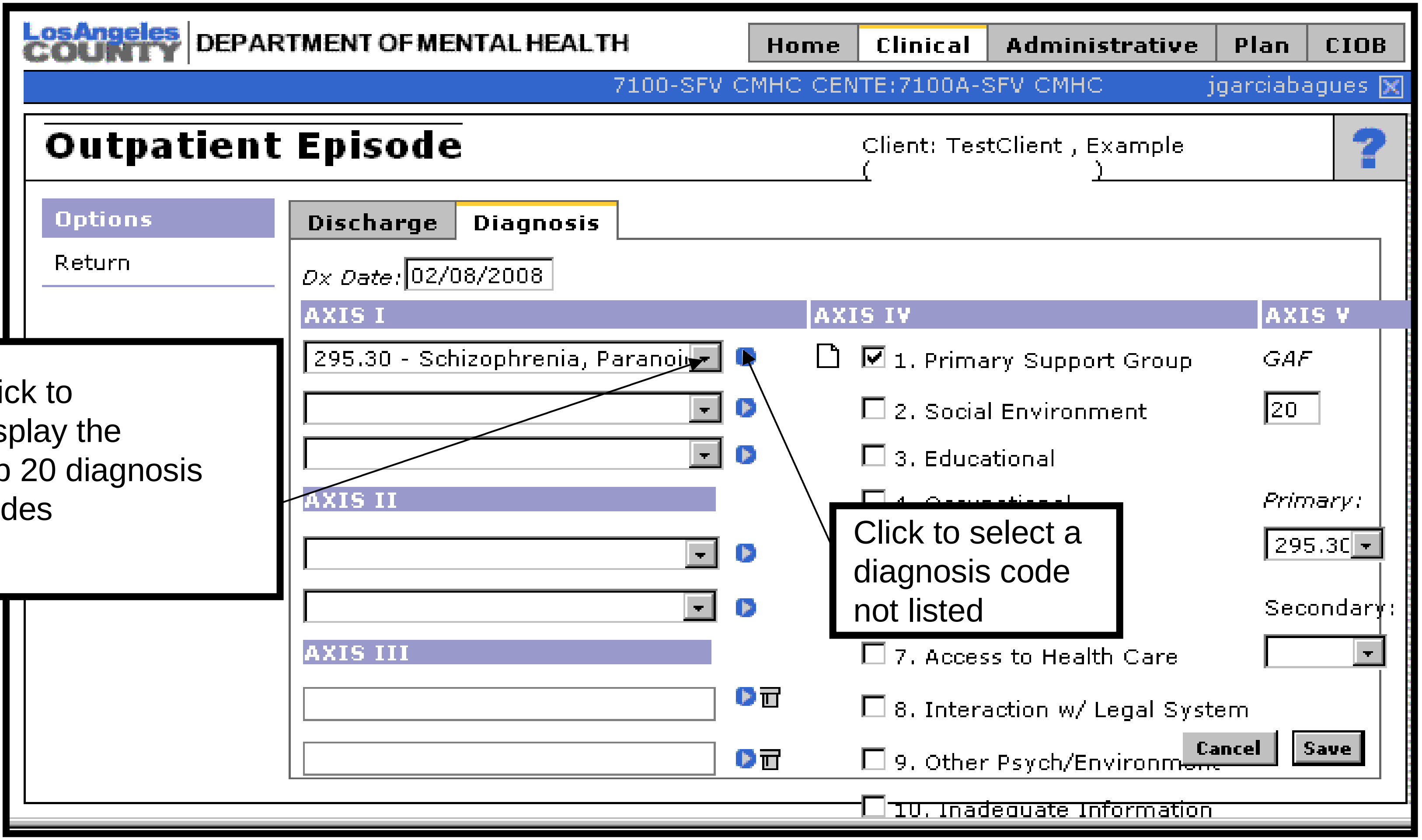
Click to search for referral out Rpt. Unit

See examples on the next page

# Close an Episode



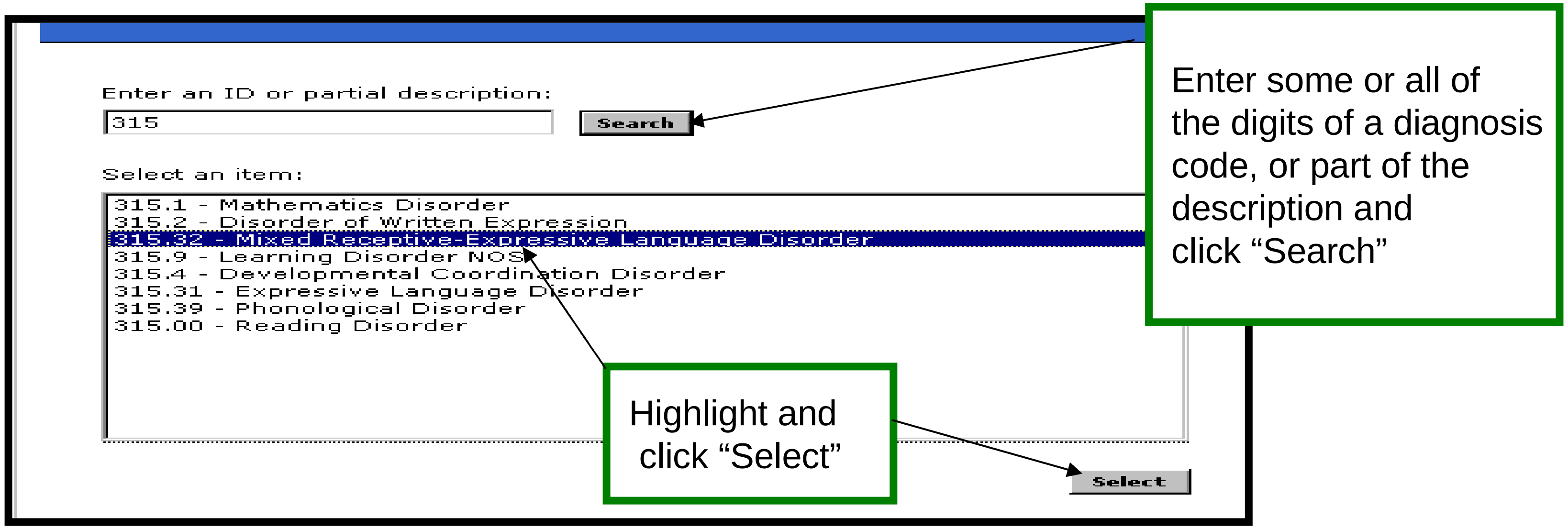
# Close an Episode



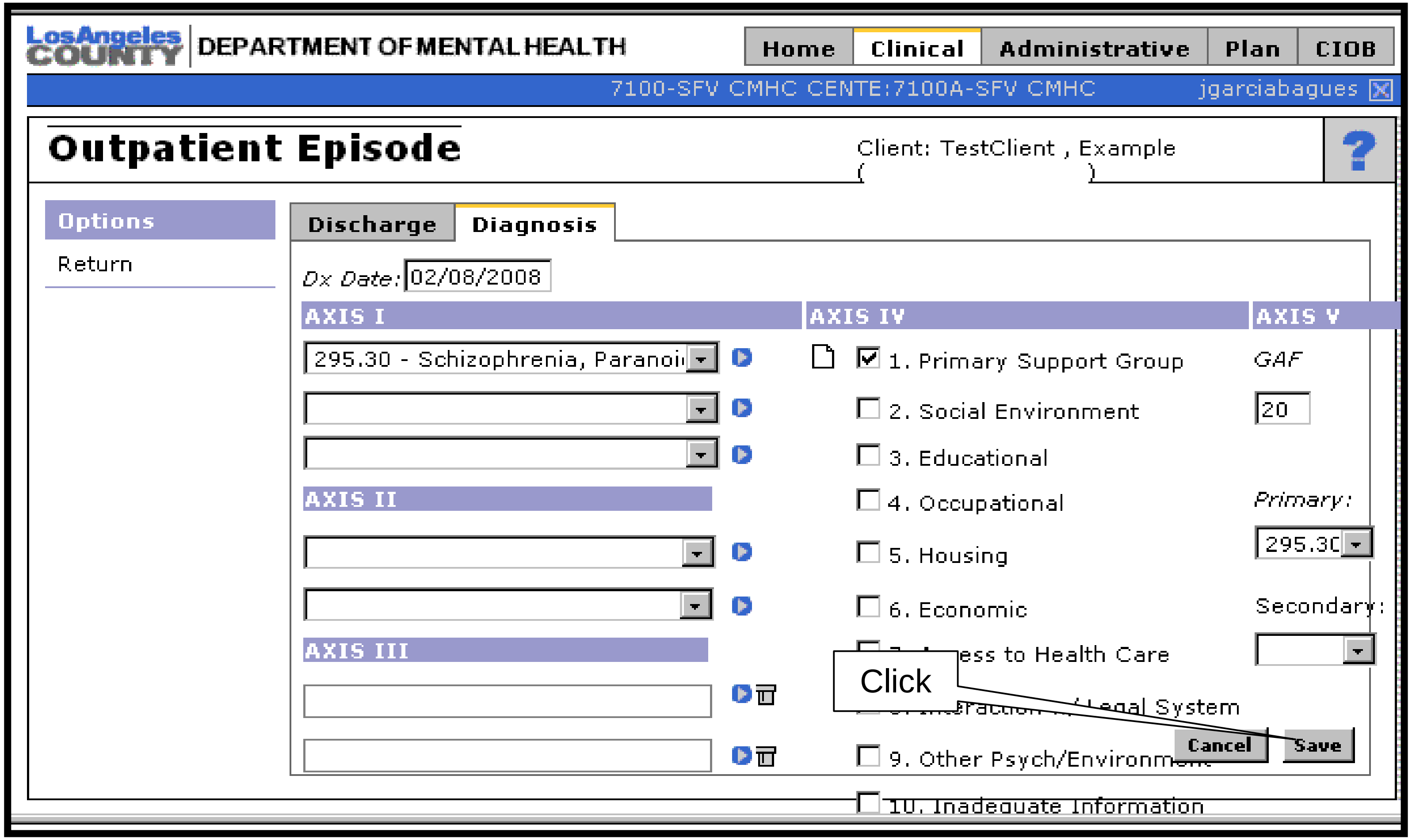

Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

# Close an Episode



# Close an Episode



# Close an Episode